CONCERNS OF VIETNAM ERA VETERANS

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

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CONCERNS OF VIETNAM ERA VETERANS

SATURDAY, JUNE 2, 1990

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
COMMITTEE ON VETERANS' AFFAIRS,
Washington, DC

The subcommittee met, pursuant to call, at 9 a.m., in Gaiser Hall, Clark College, Vancouver, WA. Hon. Lane Evans (chairman of the subcommittee) presiding.

Present: Representative Evans.

Also Present: Representative Unsoeld.

OPENING STATEMENT OF CHAIRMAN EVANS

Mr. EVANS. Good morning, and welcome. I am Congressman Lane Evans, Chairman of the House Veterans' Affairs Subcommittee on Oversight and Investigations.

Several weeks ago, this subcommittee conducted a formal hearing in Washington, D.C. on the concerns of Vietnam era veterans. At that hearing, Vietnam era veterans from throughout the Nation testified before the subcommittee. Those veterans had come to our Nation's capitol to participate in the Ninth Annual Speaker's Conference on the concerns of Vietnam era veterans.

That conference was cosponsored by the Speaker of the House, Congressman Tom Foley. As a Marine Corps Vietnam era veteran, I join with many others in applauding the support which Speaker Foley has demonstrated for veterans of all eras and especially Vietnam era veterans.

More recently, I traveled to Long Island, New York to participate in a roundtable discussion with Vietnam era veterans. During that discussion we examined local and national concerns of Vietnam era veterans who live in Suffolk and Nassau Counties in New York.

Today, the subcommittee will continue its examination of the concerns of Vietnam era veterans. We welcome all in attendance and extend a special welcome to all Vietnam era veterans who are present. We thank you for your service.

Many witnesses are scheduled to testify this morning and fewer questions than customary will be asked by the Chair. In addition, each witness is requested to limit their oral presentation to a maximum of 5 minutes and to summarize their prepared statement. Written statements which have been submitted to the committee in advance will be included in their entirety in the record of the hearing, without objection.

I am pleased to have been invited to attend the Washington State Vietnam Veterans of America convention in Yakima today. I have accepted an invitation to address the convention this afternoon and completion of this hearing in a timely manner is a goal of the Chair.

In preparing for today's hearing, we have received exceptional cooperation and support. We particularly appreciate and value the assistance which has been provided by Congresswoman Jolene Unsoeld and her staff. We also are very thankful to Clark College for the use of this facility today.

It is now a distinct pleasure for me to recognize Jolene Unsoeld for any comments which she may wish to make at this time. A strong supporter of all veterans, Jolene is especially sensitive to and concerned about our Nation's Vietnam era veterans.

As one example of her strong advocacy on behalf of Vietnam era veterans, Jolene has cosponsored H.R. 3004, the Veterans Agent Orange Exposure and Vietnam Service Benefits Act of 1989. As the author of this legislation, I value the commitment Jolene Unsoeld has made to Vietnam era veterans.

I also serve as co-chair of the Vietnam Era Veterans in Congress. Jolene comes to us before we introduce legislation to ask that she be a cosponsor.

As I mentioned, I am particularly pleased with her strong advocacy of Vietnam veterans and her cosponsoring H.R. 3004, the Veterans Agent Orange Exposure and Vietnam Service Benefits Act of 1989. As the author of this legislation, I value the commitment Jolene Unsoeld has made to help compensate our veterans suffering from Agent Orange and other toxic herbicide exposure. I thank Jolene for her valuable contributions to Vietnam era veterans.

At this time I would like to recognize Congresswoman Jolene Unsoeld.

OPENING STATEMENT OF HON. JOLENE UNSOELD, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF WASHINGTON

Mrs. UNSOELD. Thank you, again, Lane, and welcome, again, to the real Washington.

We are glad to have you here. You all who are veterans remind us of what it means to be an American. In 1776, we showed the world representative democracy and in the last century we have shown them economic democracy and we have voluntarily made the world safe for democracy.

We didn't have to. We did it by choice, and you all were an integral part of that.

As our commitment and appreciation to you, it is incumbent upon us to pay attention to the veterans' issues.

I want to particularly thank Congressman Evans for coming to Vancouver today. His last visit was very much appreciated by those who had the opportunity to speak with him and since then I have come to admire his work and his leadership role on these issues in the U.S. Congress.

I am very pleased that he has been willing to return today.

I especially appreciate his work to see that Agent Orange victims receive the compensation they disparately need and deserve. He

has mentioned that I have signed on to H.R. 3004, and it is a pleasure to work under his leadership.

This will provide immediate relief, when passed, to those in need ending the indecisiveness on this matter that has caused such undue hardship to these unfortunate veterans and their families. I am proud to be a cosponsor and I hope will have the opportunity in the near future to vote for that on the House floor.

We are very fortunate that Congressman Evans has chosen Vancouver as the site of this important field hearing. It is a tremendous opportunity for the people of the Northwest to speak their mind on these important issues.

Having visited with veterans here, I know you have plenty on your mind and numerous suggestions on how to improve veterans' services.

I also wish to thank all of the witnesses, especially Senator Adams, for taking the time to provide the subcommittee with valuable insight into the quality of services Vietnam era veterans are receiving.

I am pleased to see that representatives from a wide range of organizations gathered here today, even when we are competing with the event over in Yakima. This should provide the subcommittee with the necessary array of viewpoints for a greater understanding of the special needs of Vietnam era veterans.

There are many important issues concerning these veterans that need to be addressed—taking care of the homeless, treatment of post-traumatic stress disorder and compensation for Agent Orange victims are just some of the issues that are unique to these veterans.

I hope this hearing will help insure that these problems receive the attention they deserve. Through your participation today, you are helping us to put together a strong record to carry back to that other Washington.

Finally, I would like to thank those of you who have come to watch and listen to today's proceedings. I hope you will find it informative. I know I am looking forward to hearing what our panelists have to say.

So thanks again, Lane, and to your committee and staff for all of your help in putting this together. I thank those of you in the audience for attending.

Mr. EVANS. Thank you, Jolene.

Before calling our first witness, the Chair notes Governor Stan Stevens of Montana has submitted a statement for today's hearing. Without objection, the statement of the Governor will be made a part of our record.

[The statement of Governor Stan Stevens appears on p. 44.]

Mr. EVANS. Congressman Jim McDermott has also submitted a written statement for the record. He is, of course, a veteran of the Vietnam era and friend and advocate of all veterans, as well. We welcome his contributions, and without objection, his statement will be made a part of the record.

[The statement of Congressman Jim McDermott appears on p. 46.]

Mr. EVANS. We are very pleased to welcome Senator Brock Adams as our first witness today. The Senator has a long and dis-

tinguished record of service to the State of Washington and to the Nation.

That record of service began in 1944 when Brock Adams as a teenager enlisted in the Navy. In 1946, after being discharged as a petty officer, third class, he resumed his education. From 1961 through 1964, he served as U.S. Attorney for the Western District of Washington State.

He has served six terms in the U.S. Congress representing Washington's Seventh District. He served as Secretary of the U.S. Department of Transportation from 1977 through 1979 and he was elected to the U.S. Senate from Washington State in November 1986.

It is a great pleasure to have you come before the subcommittee today, Senator. We know you have a flight this morning and other commitments and we appreciate the time you have taken to testify this morning. We will not delay you.

You may proceed as you wish when you are ready.

STATEMENT OF HON. BROCK ADAMS, U.S. SENATOR FROM THE STATE OF WASHINGTON

Senator ADAMS. Thank you, Mr. Chairman.

I repeat, welcome to Washington State. We are very grateful both on behalf of all of us as veterans and as citizens of the State that you would choose Vancouver to hold the hearing. Representative Unsoeld, we are very pleased that you are part of this committee and we rely upon you greatly to assist us in the House of Representatives.

Mr. Chairman, I appreciate the opportunity to discuss the problems many of our Vietnam veterans continue to face. I believe the focus of today's hearing on this particular group of veterans is timely, and essential.

The problems of Vietnam era veterans are unique. For those of us who have dealt with Vietnam veterans, both before their entering the war and afterwards, when we were in Congress, some of the most painful and tragic days of our lives have been spent trying to assist these veterans. Therefore, we have a strong and deep feeling that Vietnam veterans need the attention that is being placed upon them by this hearing and the attention I hope will be given to their problems by both the House and the Senate, because Vietnam veterans returned to face public hostility, ingratitude and indifference in too many cases.

The people of the Nation did not understand, acknowledge or appreciate their sacrifices. This political climate made readjustment to civilian life difficult and in some cases almost impossible.

While a majority of Vietnam veterans have successfully readjusted to civilian life, many continue to cope with the legacy of their Vietnam experience. Veterans have requested my assistance and that of my office regarding the difficulties that they have experienced securing disability, housing and education benefits and especially adequate medical care for wounds and with disability assistance, readjustment and substance abuse problems.

Vietnam veteran tragedies are disproportionately represented within our city and within our State, within the unemployed and homeless populations.

For the sake of brevity, Mr. Chairman, I would like to focus on the inadequacies of the health care services for both the Vietnam theater and Vietnam era veterans.

Mr. Chairman, it is no surprise that the provision of adequate health care for all veterans has been and will continue to be their number one concern. My friends from World War II, although many are now gone, faced the same problem. I don't want those problems to be faced by the Vietnam era and theater veterans. Vietnam era veterans are affected by the consequences of inadequate funding for veterans' health care, whether it is a several month long wait for a clinic appointment or inability to receive mental health treatment.

When I served as a member of the House of Representatives, Senator Magnuson and I worked to secure sufficient funding for VA hospitals like those here in Vancouver and in Spokane and Seattle. We in the Northwest delegation continue that work today, but we hope this committee will carefully examine and determine the staffing that is now available and what is actually required at those facilities. Hospitals are not merely bricks and mortars. Hospitals are people.

The Vietnam veterans in particular need more services to assist with readjustment problems associated with post-traumatic stress disorder. Veteran centers, the community-based division of the DVA, offers a variety of services designed to meet these unique needs of the Vietnam veteran.

The Vet Center Program is affected by periodic funding crises. Distressed veterans and their families contact me and my office frequently and have done so especially during this last year, when the Vet Center's fee-based counseling referral program was threatened by funding cuts.

I hope we will address that because this left veterans in the unacceptable situation that the DVA medical centers were unable to accommodate the majority of veterans seeking mental health and substance abuse counseling and treatment. This has become a major problem in the Nation and the Vietnam veterans have been particularly vulnerable to this.

It is something that I wanted to stress before the committee this morning.

The veterans have also contacted me about Agent Orange exposure. They have experienced difficulty with their health care concerns and their disability claims. Now, I understand that the issue of Agent Orange exposure being linked to cancer and other ailments is a contentious one. This herbicide contained dioxin, a poisonous contaminant, and it is my belief that we should give veterans the benefit of the doubt in these cases. Let's not make this a litigation issue.

This is the time for the country to not only be generous, but responsible and willing to extend its gratitude.

In this regard, I am encouraged by Secretary Derwinski's decision, to establish non-Hodgkin's lymphoma as a service-connected disease eligible for disability compensation.

We owe our veterans a great debt, Mr. Chairman. They served this Nation honorably when called to duty, and it is time for us to honor our obligation during their time of need.

In addition to the health care deficiencies I just described, there are other matters. I am concerned about the AIDS treatment which they need. I am concerned about the lack of adequate funding for the Department of Veterans Affairs overall.

The VA has a tremendous responsibility to serve our veterans' population and the resources it receives must be commensurate with the work load. That is why basic discussions about the budget are so important and why this oversight hearing is so very important.

Quite simply, we must ask ourselves how we should divide the pie of the Nation's resources. Should we continue to expend additional billions each year to develop Star Wars when the VA medical centers, like the one in Seattle, can't compete with private hospitals for doctors and nurses?

I could go through a litany of additional destructive weapons where we hope that these expenditures will begin to pay for some of the care and some of the obligation that we owe to those who have given us much in the past.

I am of the belief that we need to take care of our pressing needs at home.

Vietnam veterans obviously have other concerns, and I look forward to going over the testimony that will be received in this hearing by representatives of the various organizations that will testify here today.

All concerned parties, all of us, must reach agreement on the nature and extent of the problems so we can solve them promptly and I wanted you to know, Mr. Chairman, and Representative Unsoeld, that I stand ready to do my part in the Senate. I appreciate the opportunity to testify this morning.

We welcome you, your committee, your staff, to the State, and we are grateful that you would be here to help our veterans.

Thank you very much.

[The prepared statement of Senator Adams appears on p. 47.]

Mr. EVANS. Thank you, Senator. I don't have any questions, but we do want to thank you not only for your leadership on all these issues, but also for your support in the Senate for the Kerry-Daschle Agent Orange legislation which was approved by the Senate.

Now it is in our court on the House side in the Veterans' Affairs Committee. It wouldn't be if you had not worked hard on that issue. Thank you very much for testifying.

I yield to my colleague.

Mrs. UNSOELD. Thank you, Senator. I appreciate your statement.

Senator ADAMS. Thank you, Representative. We are believers. We will push for you. Thank you very much.

Mr. EVANS. Thank you.

Our next witness is Jesse Farias, Director, Washington State Department of Veterans Affairs. Jesse served in the Army from 1963 to 1968 and is a Vietnam veteran.

Welcome to the committee, Jesse. As I indicated earlier, we have your statement and you may summarize from it or proceed in any manner you wish.

STATEMENT OF JESSE FARIAS, DIRECTOR, DEPARTMENT OF VETERANS AFFAIRS, STATE OF WASHINGTON

Mr. FARIAS. My name is Jesse Farias. Thank you very much, Congressman Evans and Congresswoman Unsoeld.

I am Jesse Farias, a Vietnam veteran and Director of the Washington State Department of Veterans Affairs. I would like to preface my comments by saying that on behalf of the disabled Vietnam veterans, I am glad that the facility was accessible to people in wheelchairs. The short number of steps at the front only required that I get four people to allow me to get into the building. I would suggest that perhaps in the future we look at the facility and the ability of people to get into the facility. Okay?

Mr. Chairman, the State of Washington is pleased at the opportunity to present testimony on Vietnam era veterans. While the problems of the Vietnam veteran are many, as outlined by Senator Adams, and complex, ranging from basic health issues, Agent Orange, post-traumatic stress disorder (PTSD), and employment and training, we would like to primarily focus on the needs of the underserved. That is the Native American, Hispanic and urban black veterans.

While these groups represented a significant portion within the combat arms serving "in country", the numbers receiving some kind of assistance, not only in Washington State, but nationwide, borders on a tragedy. These groups are also underserved from previous wartime periods, be they World War II or the Korean War. Historically, these groups have responded when this country has called upon them. Yet through either socio-economic reasons or ignorance, the services readily available to other veterans through various governmental agencies have not been accessible to them.

Traditionally, the Native American has returned to his/her people and the security of the reservation. Volumes could be filled on the appalling lack of services to individuals residing on the reservations. Especially susceptible to the problems are the Vietnam veteran, suffering from a high rate of alcoholism, suicide and substance abuse. The same could be said of the inner city urban black, residing within the core of the inner city. The problems faced by the Hispanic are often compounded by the language barrier.

My next comments will zero in on the problems that the Washington Department of Veterans Affairs is attempting to provide some solutions to.

Recently, the Colville Indian Nation presented a problem statement to the Washington State Department of Veterans Affairs, in addition outlining potential solutions. The WDVA has taken the initiative in responding to the needs outlined.

We have worked with eight major tribes in Washington and they will go back to the tribes and be the focus of service to the tribal members. It is my experience that in order to provide good, significant service within the reservation, we should have one contact person and he should be a member of that tribe. That underlines

assured success of the services. In addition, a service contract with the Seattle Urban Health Board has been negotiated and this will address some of the problems of the urban landless Indians within the State of Washington.

Attempting to provide service to the inner city black veterans, we have entered into negotiations with "Grunt House" and they will offer testimony this morning.

They are a community-based organization serving black veterans by their peers. We believe this is a small step and much is yet to be accomplished.

In serving of the Hispanic Service Veterans, this is an area that we have just barely begun to explore. It is extremely difficult. Not only because they generally reside in central and eastern Washington but there is a large number of them that are migrant seasonal farm workers.

It is a highly mobile group, here today, gone tomorrow. Even if they don't leave the State, it is extremely difficult to keep track of them and offer services. Added to that is the linguistic problem.

However, we are researching potential solutions with community-based organizations that offer services to migrant seasonal farm workers and to Hispanic groups. Hopefully, we will be able to arrive at potential solutions to that area.

While I have dwelt on the small inroads that WDVA has made in attempting to provide services to these groups, this is not the total approach that we have taken. We have moved some of our offices, moved them into job service centers in the State.

In this way, we hope to provide training and services to Vietnam veterans and rather than having to tell them to go downtown ten blocks away and all that. Myself and Isaiah Turner, Commissioner of the E.S.D. are extremely pleased at the results and we are continuing to examine other means of cooperation.

We probably will continue to co-locate our offices in the local veterans' offices so that D.V.O. persons and benefits persons sit together. We think it provides a good package for individuals to get assistance.

Regretfully, we do not have enough offices, that is, the WDVA, to co-locate in every center. Again, primarily opportunity is lacking in the inner-city, on the reservations and where a large number of Hispanic veterans reside.

While the job training partnership act system has been very successful, it has, in fact, not been effective in providing service to Vietnam veterans. We believe that there should be special language, especially in the Title II area to provide emphasis on veterans.

This would encourage private industry councils who set the parameters at the local level to provide services to individuals. To provide not only special services to veterans, but in fact, not be detrimental to the performance standards. Since veterans are not a specialized group identified for services within the JTPA system, it is not an area that the private industry councils zero in on.

In their attempts to provide services to them, often it impairs performance standards established at the national level. We would like to see some language built in that would allow them to put emphasis especially on disabled Vietnam veterans.

Mr. Chairman, it is the hope of Washington State that your committee examines more services that could be provided to these hard to serve groups, especially in health, employment and training needs.

I have outlined several small steps the State of Washington, under the leadership of Governor Booth Gardner has undertaken to provide badly needed services to these groups. We urge your committee and the Congress to make funding available to enhance our initiatives and examine the desperately needed changes to be made to the JTPA services.

Thank you.

[The prepared statement of Jesse Farias appears on p. 50.]

Mr. EVANS. Thank you, Jesse. We appreciate your testimony. Among the States I have been to, your State's Department of Veterans Affairs seems to be one of the more active departments. You are to be congratulated for that.

I am also a member of the Subcommittee on Education, Training and Employment of the Veterans' Affairs Committee and we are examining the lack, as you indicated, of support within the JTPA program for veterans generally and Vietnam veterans in particular.

To be quite honest, one of the reasons it is in its present condition is that it was written by then-Senator Dan Quayle, a person who has not been that supportive, if you look at his record, of Vietnam veterans' issues.

We are attempting to look at how we might make some traditional veterans' job programs more effective and how in that particular program we get emphasis on veterans.

I appreciate your testimony. I am very supportive of what you are trying to do and we are very pleased to hear about some of the concerns about minority veterans and Native American veterans. That is part of the reason we wanted to come to Washington State because we know your concerns are great across-the-board. We are learning more and more about PTSD and how it is treated and how certain groups in rural or inner-city areas, if they are members of ethnic groups, don't get reached by these programs.

We hope to and I should have mentioned this when the Senator was here, have a major funding increase for PTSD. Congressman Jim Jontz of Indiana has introduced legislation requiring 40 new vet centers by 1994 and 30 new inpatient treatment units in VA medical centers by the same time.

That is pending now in the area of PTSD. The Senator talked about a funding crisis in the Vet Center Program. That is a battle I have fought since I came to Congress 8 years ago. Not only is it a problem holding out the service to veterans, but it also creates a moral crisis, I think, among the providers themselves and the Vet Center teams.

We want to make it permanent. We want to put funding specifically for PTSD into the budget and learn more about it and try to reach groups of veterans who have not been reached.

Jolene.

Mrs. UNSOELD. I, too, want to thank you for your insight. I am on another committee, Education and Labor, that has something to do with JTPA, so I appreciate the new information that you gave me

and I will try to steer that into our activity on that committee. So thank you very much for helping to educate me.

Mr. FARIAS. Mr. Chairman, if I might add two more comments. One is that the Washington State Department of Veterans Affairs, through its advisory council, is taking some initiatives with the employment security department who administers the JTPA in Washington to see if there is anything within their administrative realm that can be done.

I am not sure what we will be able to come up with, but there may be administrative things that can be done.

Number two, the legislature of the State of Washington has been very aggressive in terms of providing State funding for PTSD issues beyond the Federal monies available. In fact, to the tune of approximately $1 million a year. That has supplemented those services available from the Federal VA so we look at the solution of the problem as both a State issue as well as a Federal issue.

Thank you very much.

Mr. EVANS. We appreciate that. We do view it as a Federal responsibility.

Mr. FARIAS. I agree.

Mr. EVANS. We appreciate you jumping in to fill the gap. The national disgrace is that the Federal Government in many States has cut back these programs and it has not had the State helping out in any way.

We appreciate you doing what you can.

Mr. FARIAS. Thank you very much.

Mr. EVANS. Thank you.

Mr. EVANS. Our next witness is Roy Bondurant. Please come forward and be seated. Roy served in the Navy from 1962 through 1967 and served in the Army in 1970. He received a Bronze Star and the Joint Service Commendation Medal. He has been with the Thurston County Veterans Council for 4 years and served as chairman for the past 2 years. Roy is a member of the VFW and American Legion.

Duane Henry, Director of Veterans' Affairs for Clark College, was also invited to present testimony. He is unable to join us today and testify.

Mr. EVANS. Please begin.

STATEMENT OF ROY L. BONDURANT, THURSTON COUNTY VETERANS COUNCIL

Mr. BONDURANT. Thank you. Thank you for taking time from your busy schedules to be here to learn what is going on with the veterans in the small towns of the Pacific Northwest.

I am Roy Bondurant, from Tenino, WA. You covered a lot of this.

I was medically discharged from the service. I was permanently 60 percent disabled from Social Security; and 50 percent from the VA. I am not getting much compensation from the Army due to the fact that I decided to make my life's career as a protector of this Nation.

And subsequently, I am one of the only group of people in the world who is dollar-for-dollar off-set in my compensation from the service.

Mr. EVANS. You are a military retiree?

Mr. BONDURANT. Correct. Medically retired.

Mainly, I would like to talk to you today as a post-service officer. I have been doing this for the past 5 years, as I am disabled and I had the time. I spent my life in the service working for the government in one way or another, so I pretty well knew the bureaucracy and I was able to do this where a lot of folks in smaller towns were confused by the massive amounts of paperwork that has come out.

First, I would like to say the only issue that is solely concerning Vietnam veterans is Agent Orange. I have not found one other subject that does not affect the very few survivors still of World War I, especially World War II. I have heard discussion about PTSD.

A week ago today, I got word that a person I was working for received 50 percent service-connected PTSD. His trouble started when he liberated a death camp in Nazi Germany. And he is just now receiving it.

My own personal uncle had 100 percent service-connected ever since the Battle of Midway. So even this is not strictly a Vietnam era item.

The medical care is the main thing. I see approximately ten people a week. I talk with them, interview them on the phone, personally face-to-face. The average is about ten a week I see.

Of these, one out of three is there for medical and right now—they know that they have earned medical care coming from the VA. These men and women spent their professional lives making this country what it is and now retiring and coming to the VA for medical care. The veterans have medical care for their spouses usually and, of course, the VA medical care they earned for themselves.

Perceived or not, they know they have this coming and they have set their lives up for it. These loggers and stuff.

We all know what is happening with logging in this part of the country. It is going to be a disaster for these folks needing their medical care.

They can't afford anything else.

Right now, American Lake, if a veteran is not 40 percent service-connected he cannot be seen. This was told to a group of service officers March 31, 1990 by the medical director of American Lake VA Medical Center in Tacoma, WA.

Now, if he did not do this, the reason he did it is that all the patients they have now, they are not service-connected, they have to quit seeing them. The vast majority of these would just die. It would out-and-out be a death sentence.

They could not afford it. They are 75 or 85 years old. They cannot afford two or three hundred dollars worth of medicine a month. They are only getting a few dollars.

The main thing, one case I had, I had a 65 year old infantry sergeant, he asked me point bank, and this hurt, "The fortunate ones are those that didn't return to see their government betray us."

What am I supposed to say to these folks when they ask me this question?

It is mainly due to lack of funding. I don't blame the VA officials at VA. I think they are heroes almost. Tremendous amount of work they do.

Extremely long hours. I have volunteered out there. I have got a lot of time out there volunteering. I see the care they give. But they don't have the funds.

They don't have the doctors. They have not stopped closing beds down because they can just not put a person in bed and see him once a day. They would die there. They have to refuse service.

This is what you, the Congress, can do for us. Force through the funding. That is the main thing that we really need in this area, and it is from Portland through Seattle. And the biggest thing I said is the medical.

Thank you. That is the main thrust of what I have to say. Any questions?

[The prepared statement of Roy L. Bondurant appears on p. 58.]

Mr. EVANS. We thank you for your testimony. This is a problem we are hearing about nationwide. I am pleased that there is a new attitude, I think, with Secretary Derwinski about the provision of medical care. He is increasing VA funding over $1 billion, mostly in the medical area.

I come from an area of the country very similar, I think, with high unemployment in the farm implement manufacturing business, as you do with timber here. The vast majority of people with non-service connected problems, people who are not disabled, don't have any health insurance. It does have an impact. In different localities there are different provisions for people who have service-connected problems and who are disabled. We are attempting to grapple with this.

I am pleased that throughout all the cuts we faced in the Reagan years that the Congress always provided more VA funding than was requested by the President. It was always a fight to try to maintain the current level of services, but as that World War II population gets older, they not only need the current level of services, there are many more people going into the VA. They deserve more intensive services, as well.

We have an obligation as I think you indicated, particularly to the service-connected disabled veterans. We also have a problem nationwide with those that have no other form of alternative health care.

I am pleased in our budget resolution we provided more funding than last year. Jolene was a supporter of that increase. It is still going to be a battle in terms of people trying to balance the budget on the backs of America's veterans.

Jolene, do you have any comments?

Mrs. UNSOELD. I want to also express appreciation for your work with my staff. Scott Johnson from D.C., and Dave Kempher here from the State. I wanted to ask you, since you mentioned some of the difficulties that we are facing because of the timber supply, do you feel that it would be beneficial to pick up again and continue the GI bill-type education opportunity for those who might not have taken it in the past, or whose time ran out before they really had an opportunity to look into that?

Mr. BONDURANT. Absolutely. The GI bill and the VA medical centers are the two greatest things, greatest return on the tax dollar that this country ever came up with. We get so much back from it if we re-train these folks and get them out.

With timber, you are so well advised on, it is going to be a catastrophe. The people cannot drop the VA medical center. They know they have that right. They absolutely know it.

By golly, when they were on Guadalcanal, they were told when they came back and reached 60 or if they ever needed it, they had cotton-pickin' care. They knew they had medical care.

They were combat veterans. Now they are saying, no, go to heck.

Those people need that. There are a lot of loggers out here, and there are a lot of folks who are very patriotic and were in the service, and they need that care. Yes, absolutely.

But the bill I would like to say something about is the Director of Veterans' Affairs, that sneaky subcommittee he had, he blew is credibility with veterans, I know that, organized or not.

Mr. EVANS. His proposal for a commission?

Mr. BONDURANT. His proposal for cutting, for stopping. We go back to the widows and the survivors, the spouses on $368, I think it is now, roughly.

If there had not been COLAs in there, you know, and I know five of them right now, I can take you to their house, living strictly on that amount of money. If there had not been cost of living adjustments, they would be down to 30-some dollars.

That is ridiculous. That is just totally—the man totally lost all credibility. He ought to try to get it back.

Mr. EVANS. I am concerned about an un-elected commission. People elect Congressmen. I never supported such reform activity in veterans' affairs, base closing legislation, or several other commissions that have been set up. You elect us to make decisions, not a person that you never see or are never invited to talk to at a hearing.

We will be keeping a very close eye on what that commission does.

Mr. BONDURANT. Thank you.

Mr. EVANS. Thank you. Thank you very much.

Mr. BONDURANT. Thank you, appreciate your time.

Mr. EVANS. The members of our next panel are Art Wright, Mac Oreiro, and Wayne Zimanyi. If they would come forward, please. Art is a Vietnam veteran who served in the Army from 1967 through 1971. He has been working with veterans since 1976 and is presently with the Grunt House Association.

Mac served in the Army for 3 years and is a Vietnam veteran. Mac has been affiliated with three colleges and has an extensive background of public education. He is presently with the Thurston County Veterans Council and is representing the Northwest Indian Veterans Association.

Wayne has worked with disabled veterans since 1973 and for the past 3 years has served as Veterans' Advisor, Washington State Employment Security. He served in the Army from 1959 through 1972 and served in Vietnam for 2 years.

Art, I understand you will present two statements, one on behalf of the VVA, and we will proceed when you are ready.

STATEMENTS OF JIM BOULEY, WASHINGTON STATE COUNCIL, VIETNAM VETERANS OF AMERICA, INC., AS PRESENTED BY ARTHUR A. WRIGHT, GRUNT HOUSE ASSOCIATION AND WAYNE ZIMANYI, VETERANS ADVISOR, WASHINGTON STATE EMPLOYMENT SECURITY

STATEMENT OF ARTHUR A. WRIGHT

Mr. WRIGHT. I would like to get on the record the testimony in my name authorized on behalf of the Vietnam Veterans of America State Council. The Washington State Council of Vietnam Veterans of America urges continued support for all programs that relate to veterans.

Ms. Unsoeld mentioned the GI bill. A lot of men come in after 20 years finding who they are. So it is essential that our government should continue on with that process or rehab. So I think that should be continued on. I always feel that when some of our men have 20 years now in, file for disability because of PTSD, and that is essential that these programs keep going on, that they can get rehabbed.

Another problem is incarcerated veterans. We already say the combat veterans suffer stress. We know according to Monohan's report, the majority of men that went to combat didn't have any education.

Judges sent them to the Army instead of to jail. Consequently, we have a higher number of Vietnam veterans that are incarcerated. But at this time there is no programs to identify their stress.

So it is a double jeopardy in a sense. It is double jeopardy of being war stressed, then responding to that, then being incarcerated and then not being rehabbed or have any access as far as education, health care, whatever. So we hope that these programs will continue on and that is my statement supporting the Vietnam Veterans of America.

My next statement concerns African-Americans, blacks, colored, negroes—we got so many names. So if I use them interchangeably, overlook that. But we are proud to be part of the democracy with representation.

The problem that we find is that the first person to die in American wars was the black man, Chris Attock, and he was an ex-slave. He did not die for taxation without representation. He died because he felt no man should be in shackles.

Black veterans have served in every war that this country has ever been engaged in. They were with the Nubians, with Columbus, with Lewis and Clark who founded the Northwest Passage. We fought Germans, Spain, France, Germany, every people on this earth, black veterans were part of that. In the Revolutionary War, men that served for democracy with representation had to go back into slavery.

It was James Cassidy. But it was the 369th that had to fight for France because of segregation and racism. It was a cannonball express that helped Patton do his job in World War II. It was the 24th Infantry in Korea. It goes on down the lines. My uncles and my father fought for this country. And we still fight discrimination, and racism in this country.

All through the media, in the movies, all you see is white men portrayed as heros about their representation. They have a high percentage of blacks who are still under-served and we have no visibility. In the movie "Full Metal Jacket," they showed us as cowards, as sex objects. I am a Vietnam veteran that got hit eight times and I am mad because I think this country owes us something more than that.

I saw my uncle with his bronze star fall on the floor and after he came back from World War II, he had to go in the back of the bus, just as I had to go in the back of the bus before Vietnam.

Let me say you know that is wrong. One of my clients, the other day I had to take him to the VA hospital because he has chemotherapy. He had a tumor he got from World War II and they give him 30 percent and Mr. Muckler said you know, I am scared they are going to stop giving me this medicine because you know white folks don't spend too much money on colored folks.

I think they are going to give me a shot to kill me. That is one of the fears that black veterans have because of racism and so we have a double jeopardy here, stress based on anger from not being appreciated for the honor that we have given to this country. This State of Washington was founded by a black man because Oregon wouldn't allow blacks to have land and so George Bush founded the State of Washington.

Yet I have to go around and tell white kids about the contributions of black soldiers.

I hope that Congress will address these issues and let us be visible, and about how in this State veterans have been kicked out of every program that there was. So what we have done is we started our own rap group. We went and got a house, we piecemealed the house, put a roof on it, put a toilet in it, put everything in it and when the vets got kicked out of traditional programs, they came to the Grunt House.

From there we started our own rap groups. From the rap groups, we went to Tacoma to work on a house that we are piecemealing. We bought it for $20,000.

There is a gang problem on the hilltop. Now they don't want to give it to black women with children. We want to rehab that house at cost without government help, and sell it to a black family so they don't have to move too another ghetto.

We started a program in Portland, Oregon, because in Oregon they have no numbers about the percentage of people that were suffering—black veterans.

In Vietnam we represented 40 percent of all airborne units, 16,000 veterans on the wall are black. And where are the pictures at? Where is all the stone at? It makes me angry.

But I also have honor and I would like to identify the statement from a soldier from the Civil War coming from the book, "Negroes in the Civil War, Another Eight Years".

Suppose you had kept your freedom without enlisting in this army? Your children might have grown up free, and be well cultivated so as to be equal to any business, but it would have always been flung in their faces, "your father never fought for his own freedom."

Regardless of the policy or the reasons, I don't think there are any good reasons for war, but when men give that contribution, then I think he should be honored. So on the one hand, I am saying we don't receive any government funds because when I come to you all, you all tell me there is no more slices in the pie.

I am not here for pity or sympathy, but when this Congress and when this government honor veterans, you honor yourselves.

Thank you.

[The prepared statement of Arthur A. Wright appears on p. 61.]

Mr. EVANS. Thank you, Mr. Wright, for your beautiful testimony.

Mrs. UNSOELD. Very eloquent. Thank you.

Mr. EVANS. Thank you.

Wayne.

STATEMENT OF WYANE ZIMANYI

Mr. ZIMANYI. I would like to thank the committee, Chairman Evans, Congresswoman Jolene Unsoeld. It is always a pleasure to talk on veterans' issues and it is a real pleasure to talk to people who are directly going to affect us.

My discussion is on employment and training and the Veterans Job Training Act now called "the bill", was first enacted in 1985, and it was a very powerful incentive for many employers to hire the Vietnam era veteran.

However, it is my opinion that this program was sabotaged from the very start. The first version of this program was a bureaucratic nightmare requiring mounds of paperwork, reports, audits, and expensive record-keeping, most of it on behalf of the employers. In most cases, financial incentives of the program was not worth the employers' time and trouble.

Payment to the employers were slow and virtually impossible to track should there have been a problem. In addition, if the veteran hired under this bill left the employer, they were required to maintain a record of him/her for 3 years. Employers were required to submit to impromptu visits by the VA personnel as well as Employment Security representatives to examine records and witness that the stated training plans were being adhered to. As it turned out, this version of the Bill was not an incentive once initiated.

Later on the paperwork processes were extensively revised and streamlined to an acceptable level. However, there was now a stigma attached to this program that needed reversal and clearing up amongst the employer community. By this time, the coffers had run dry and employers were required to wait and see if they would be reimbursed while our lawmakers decided if they wanted to extend the bill or kill it. Now we, the personnel who promoted and use this bill, had two stigmas to belay. This bill was fast developing into something that was a subject to avoid when talking with potential employers.

In 1988 Senate Bill 999 extended the bill for 2 years and authorized funds at a level of $60 million per year. During this period of high unemployment, this seemed a godsend. However, Congress did not see fit to appropriate funding. Even though it is on the books today as a law and supposedly in effect, it is virtually broke. This program has not been conducive for veterans and employers alike

and I would like to urge the committee to reinstate the Veterans Job Training Act or something similar, fund it appropriately, and expedite payment procedures.

Depending on the community examined, veterans' homelessness runs between 30 to 40 percent of the total homeless street people. Of this, 30 to 40 percent, well over 60 percent of these veterans are of the Vietnam era and under age 45.

With these types of figures, it hardly seems the time to drop or retire a bill designed to help these good citizens back into our community as productive members.

I would like to suggest to the committee that a new bill be proposed that would not only encompass the Vietnam era, but all disabled veterans and those veterans who are newly discharged. With the military cutbacks in personnel, our cities will soon be experiencing large numbers of veterans seeking employment. Many of these new veterans will have skills that are not compatible with civilian trades. There seems to be no better time than the present to initiate such a bill. The need is there. The veterans are here.

[The prepared statement of Wyane Zimanyi appears on p. 68.]

Mr. EVANS. Thank you very much.

I want to tell you that I share many of your frustrations concerning the Veterans' Job Training Act. That was one of the first pieces of veterans' legislation I was able to vote for after I was elected in 1982 and came to Congress in 1983.

Very early on I was apprised there were no forms for the employer for this program at the Central Office of the Department of Veterans Afffairs. I was informed by a lobbyist for the Disabled American Veterans. I asked the VA representative at a hearing if the forms were available and she said "I can assure you they are, if you would go down there."

The very next day I went down there and asked for a form at Central Office, which is right across from Layfatette Park, right across from the White House, and they didn't have the form.

On those forms, if you could get them, there was the so-called black box, a box outlined in black that said notice to the employer: funding for this program may not be available or words to that effect. I don't think despite our efforts in Congress to authorize and appropriate the money that we had a good-faith administration of the program by the Department of Veterans Affairs.

Now we have the problem that you indicted. We are through the authorization process and in effect have put the money in the bank account, but we have not been through the appropriations process and written the check on that account to fund this program. It is something we need to do now. A recent study indicated that unemployment for combat veterans of Vietnam was 21 percent higher than non-combat veterans of the same era.

It is obviously needed as is the homeless legislation. Congressman Kennedy has introduced legislation which we hope would put more money into the homeless programs to help veterans, but not through a big apparatus at the Federal level.

There would be more Vets helping Vets programs, nonprofit associations, such as the Grunt House and other organizations, who already have rapport and have the ability to reach out to groups that would be numerous among the homeless and the unemployed,

to work with them on a veteran-to-veteran basis. That is an important way to reach out to these veterans.

I appreciate what you have said. We are still fighting that battle and I appreciate, too, what Jolene has been doing in that regard.

Mrs. UNSOELD. I learned something from you today, too, so thank you for your testimony.

Mr. ZIMANYI. Thank you for inviting me.

Mr. EVANS. I do want to say something to Mr. Wright and I understand his strong feelings. We have introduced incarcerated veterans' legislation that will deal with the problems that so many honorably discharged veterans are having upon their discharge. Some of them unfortunately have been incarcerated and we have not extended help to those veterans as we should.

We want to study this problem and see what Vet center resources can be tapped. Perhaps some veterans entitled to the GI Bill might be able to use community college based classes before they get discharged from their incarceration. We just think the VA could do a much better job.

The members of our next panel are Bruce E. Thornton, Joe Cole and Bernard Robert Newson. From 1965 to 1967 Bruce was a member of the Marine Corps Reserve. He joined the Army and served three tours in Vietnam and was a tank commander and a tank platoon sergeant. For the past 3 years he has been a member of the National Board of Directors of Vietnam Veterans of America and a member of the Governor's Veterans' Affairs Advisory Committee for the State of Washington.

Joe served in the Army from 1967 through 1971, and he is a good friend of mine. He received a Vietnam Veterans' National Medal, he is a columnist and founder of the International Independent Orange Network.

Bernard served with the Second Battalion Royal Australian Regiment in the Australian Army Training Team attached to the Special Forces from 1967 through 1968. He is a journalist for Bravo and United Veterans of America and is a scientific investigator.

We particularly welcome him because we appreciate what Australians and New Zealanders gave in helping our country. I know he wanted to testify at the hearing on Agent Orange in Washington and we were not able to accommodate him then.

Let's start with Bruce.

STATEMENTS OF BRUCE E. THORNTON; JOE COLE, INTERNATIONAL INDEPENDENT AGENT ORANGE NETWORK; BERNARD ROBERT NEWSON, INTERNATIONAL INDEPENDENT AGENT ORANGE NETWORK

STATEMENT OF BRUCE E. THORNTON

Mr. THORNTON. Thank you very much.

Members of the committee, it is indeed an honor to be here today and the fact that this committee is willing to get out of Washington, D.C. and take it to the streets so to speak, and hear from the Vietnam veterans themselves speaks very highly of the committee and the Members.

I would also like to say, Mr. Chairman, that although you might just represent one of the 435 districts in the United States, I think

you should be aware of the fact that your efforts to assist Vietnam veterans and all veterans is known all across the country and I want to say thank you as just one of the Vets out here.

Mr. EVANS. Thank you.

Mr. THORNTON. I come to this committee today to speak about an issue today that is foremost in my mind, Agent Orange. These two distinguished gentlemen to my left probably can quote Agent Orange chapter and verse from the very second it was first invented. I myself am not the doctor, the lawyer, Indian chief nor an expert about Agent Orange.

I am concerned about it as a veteran. I can tell you this about Agent Orange, it will mess up your whole afternoon, it will make you sick, you can pass it on to your kids, and it can kill you. We know that.

I want to speak in favor of your bill, H.R. 3004. It is absolutely necessary that this piece of legislation gets passed. It is the first real piece of legislation to come out that will offer some just compensation to Vietnam vets, that suffer Agent Orange effects, illnesses and diseases. Since you introduced it I am sure you are well aware of the report released by the American Legion, Vietnam Veterans of America and whatnot, by the Agent Orange Scientific Task Force commissioned by these organizations to study Agent Orange, another study.

But what they did is they took the same information that was given to the Veterans' Administration or the Department of Veterans Affairs, pardon me, and in accordance with and using the standards adopted by the Department of Veterans Affairs and its Advisory Committee on Environmental Hazards, came up with an additional six or eight more assorted diseases that they found using the same information that the Department of Veterans Affairs somehow overlooked.

I would certainly hope that these diseases would be amended into the bill.

The need for H.R. 3004 is clearly understood if one looks back at the basic history of the Vietnam vet. In the late 1970's the VA decided they would go ahead and study Agent Orange and start compensating Vietnam veterans, and it was there we entered what I call the "study wars."

First we had everybody studying everything. We had a VA study. Then we had a Naval Health and Research Studies, and I like this one, the Office of Environmental Epidemiology of the Department of Veterans Affairs Studies, then, of course, the one that Joe likes over here, we had the CDC or Centers for Disease Control Studies. The only conclusion CDC could come up with after they studied everything is they could not come up with a conclusion.

So that showed us a lot about what they know.

So we went through about 10 years of this kind of studying. And all during this time the VA, as it was known then was disallowing claims for Agent Orange, unless you had chloracne and that was about all they were letting by.

While they were doing all this denying and all this studying, the VA got themselves embroiled in a little lawsuit. The NARS people, National Atomic Radiation Survivors, decided they would sue the VA because they felt that they were drug out in the desert, and

they got nuked so somebody could find out what happens to people when they got nuked. And now they are suffering from diseases as a result of these tests.

Well, the interesting thing about this lawsuit was that it was brought out that—I have to find my place—it was found out that VA was involved in widespread abuses in adjudication of benefits claims to veterans. It was also found out that they were suppressing internal reports exposing these abuses, and they were, along with failing to turn over papers required by the court, the destruction of documents.

Where have we heard that term before?

Although the NARS case was not specifically related to the Vietnam vet one can't help but wonder if the practices and procedures used by the VA with regard to the NARS vets are not, in fact, the standard used by them on all veterans? Something we have to kind of, you know, take a look at.

It has been a little over a year now since the VA has been elevated to a cabinet level and is now Department of Veterans Affairs. I think it should be noted that Secretary Derwinski has demonstrated his leadership in handling veterans' issues before him. He has been straightforward and honest in his dealings with veterans and veterans organizations. An example of this is just a couple of weeks ago Secretary Derwinski announced the Department of Veterans Affairs would begin compensating for some Agent Orange related diseases, such as I believe non-Hodgkins lymphoma and soft tissue Sarcomas.

While in some of these and other decisions he has made in his term as Secretary are a step in the right direction, and made with all good intentions, they are simply only policymaking decisions. If the Secretary for whatever reason himself, or somebody that follows on behind him decided they didn't like it, a stroke of a pen and it is all over.

That is why we need the legislation from H.R. 3004 to make sure that what is there now and a few additions will be there regardless of somebody getting up on the wrong side of the bed in the morning.

Thank you very much.

[The prepared statement of Bruce E. Thornton appears on p. 69.]

Mr. EVANS. Thank you.

Mr. Cole.

STATEMENT OF JOE COLE

Mr. COLE. Mr. Chairman, Members of the committee, I thank you for giving me the opportunity to speak this morning.

One of the things I would like to take care of first, as founder of the International Independent Agent Orange Network, with members from around the world, I have been requested to submit the testimony of Major John Moller, Royal New Zealand Infantry Regiment, a Vietnam veteran, published in "Bravo" the Veterans Outlook in Brave, New Zealand; which is one I write for, in addition to "the Stars and Stripes," and "National Tribune."

Mr. EVANS. Without objection, that will be made a part of the record.

(See p. 86.)

Mr. COLE. Contrary to my prepared statement I would like to stray from that due to the turn of events since our visit in Washington, D.C., May 2, and the findings of Admiral Zumwalt in his study. I think the admiral was extremely accurate and extremely fair in his findings that there were 28 illnesses reasonably associated with exposure to the toxins used in Vietnam.

The admiral for the first time in my memory other than the May 2 hearings where Congress officially recognized that we did have allies, Australia, New Zealand, and Canada that fought with us in Vietnam, and these people were suffering the same illnesses. But the admiral brought out the fact that we also had these allies, the records of the chemicals that were used, the strengths, who used them, where they were used, were not accurate.

They were not reported. Things that as you know we have been claiming for years and we had not been getting those acknowledgments. We have sat back and listened to the CDC report on their selected cancer study, that Agent Orange wasn't guilty.

The media all over the world blasted the story, Agent Orange not guilty.

But the study wasn't an Agent Orange study. It had nothing to do with Agent Orange or the toxic chemicals used.

The press clarified it. If you could find it in the obituary section or wherever they hid it. It didn't get the front page coverage where the people who only read headlines could see it.

On Wednesday May 30, the "Washington Times" chastized Admiral Zumwalt for being biased because his son died from NHL and the admiral had publicly blamed himself for having ordered the spraying of Agent Orange.

They call it the "trashing of science." They site the CDC selected cancer study as being the basis for that statement. That Agent Orange wasn't guilty. The CDC said so.

Mr. EVANS. Would you like that included in the record as well?

Mr. COLE. Yes, I would.

Mr. EVANS. Could you identify it? Was the author Patrick Buchanan?

Mr. COLE. This is the "Washington Times," Wednesday, May 30, 1990, Warren Brooks is the author, a nationally syndicated economics columnist.

Mr. EVANS. We have not been in Washington and I don't think we have seen it, so we would be glad to see it.

[The article appears on p. 87.]

Mr. COLE. That article appears to have been generated by the White House. Mr. Brooks is citing the White House Agent Orange Working Group for the evidence. Where is the White House? Are they completely unaware that the CDC study was bogus—it has nothing to do with Agent Orange—and that it was false, misleading press that the CDC put out to indicate that Agent Orange was not guilty?

The White House is speaking with a forked tongue. They have been fighting us all along. We have a person from the CDC, Vernon Houk, who puts out a statement to the Georgia State Legislature to ignore the guidelines established by the EPA or the FDA with regards to the toxicity of dioxin.

He does this accounting supposedly as a private citizen while using CDC letterhead and signing it as Vernon N. Houk, Assistant Surgeon General.

I submit you cannot play it both ways and CDC has no business trying to overrule guidelines established by the EPA or Food and Drug Administration.

Vernon Houk is one of the problem that we have had with the CDC studies where they claim they cannot do a valid study.

Congress must share some of the blame on that because Congress didn't or has not as of this date addressed the problems of altered congressional testimony, testimony of the former United States Environmental Support Group Director Richard Christian, which was altered to delete the fact that Mr. Christian agreed with the CDC that claimed that Mr. Christian couldn't find sufficient medical records to conduct the study.

The CDC has spent hundreds of millions of dollars on a study that they never completed. And they try to cite the lack of medical records as a basis for this which the person in charge of finding the records denied; however, his testimony was altered against his will.

According to United States code that is against the law. Somebody should have made a penalty for that. Congress has not addressed that.

Why? The Vietnam veterans want to know the truth about Agent Orange.

I believe we are finding the truth. The toxic chemicals in Agent Orange do harm people. But Agent Orange was only one of many. We have identified 37 different chemicals that were not acknowledged.

We just got documents a month ago that shows there were 3,100 metric tons of 15 various chemical agents such as parathion, extremely hazardous duty, and 2,4-D which were used in Vietnam between 1972 and 1973.

One year after it was supposedly stopped.

This was a US-AID report conducted by the University of California, Berkley. These false statements by the government or these conscious or unconscious attempts to hide information or massage or stroke it as Admiral Zumwalt called it, has got to stop.

We need to deal with the facts. Trying to sweep it under the rug will never work. There are too many veterans who are sick. Too many children are paying the price of their fathers support of the war effort.

All we did was to obey the law. I hope Congress will do the same.

Thank you.

[The prepared statement of Joe Cole appears on p. 74.]

Mr. EVANS. Thank you, Mr. Cole.

Mr. Newson.

STATEMENT OF BERNARD ROBERT NEWSON

Mr. NEWSON. Mr. Chairman, Ladies and Gentlemen of the Subcommittee on Oversight and Investigations, it gives me great pleasure to appear before you today.

Ladies and Gentlemen of the committee before you is a 5-1/2 page summary on how the Australian Government in conjunction

with the American Government probably perpetrated the greatest cover up on earth since Watergate by using a biased subject, Philip Evatt, Royal Commissioner, and other lackeys to come to the conclusion that Agent Orange is not guilty.

Let's us shout it from the roof tops. To be very blunt and to the point, Agent Orange is guilty. So is not only the Australian and American Government but also the British and Canadian Governments. This is called the Quadrapartite Group.

I know this because I was head of the security of one of these conferences in about 1977 when it was Australia's turn to host the conference at the School of Medical Engineering, Halesworthy, New South Wales, Australia. Even then the scientists and medical personnel from all four countries knew what was happening.

It is only since I became affected myself that I have really started to understand the significance.

I also know that Justice Phillip Evatt has just gone public for the first time, blaming the veterans for not giving him the evidence that he required.

He, sir, is either a liar, a fraud or just a fool.

Strong words, sir? No. I fear not. I only hope the wise monkeys that the Minister for Veterans Affairs in Australia sent over here on the 27th of last month are present here today at these hearings and are listening very carefully.

Because I assure you, sir, that on my return to Australia, if I am not granted an audience with the Prime Minister, the Minister for Veterans Affairs, accompanied by Mr. Monty Hollow of Melbourne, Australia, the only veterans lawyer who is not scared to stand up to the government's chemical cops, courts and public servants; I intend to blow the whistle on everyone concerned.

I am in possession of all the documents now, thanks to not only you, sir, but also Senator Tom Daschle and also all the Members of the International Independent Agent Orange Network.

As you will be aware, sir, many scientists have had to live with the slander from our famous Royal Commissioner, his staff, and also by their governments. Vietnam veterans from all countries that are suffering from dioxin poisoning, and other halogens should not only be compensated but also widows, children and wives—that is if the veterans still had their wives.

When you play with fire, expect to get burned. There is an old saying but I think appropriate, but to be burnt continuously for years after you laid your life on the line for your country, to me and every other Vietnam era veteran who has any knowledge on this subject of Agent Orange, is just not on.

I believe that Admiral Zumwalt, Junior, has summed the matter up very well in his report to your Secretary of Veterans Affairs, to put his recommendations into Australian vernacular, sack the bloody lot. Replace the advisory board with impartial reputable scientists and doctors with expertise in that area.

The same applies to such eminent scientists as Hardell, Axelson, Shearer, Pollock, Arundell as well as John Evans. These people who happen to be the greatest scientist in the field of dioxin poisoning were run into the ground by our Royal Commissioner. They should all clearly be not only vindicated but granted compensation for defamation of character.

Take the example of just one, Dr. Ruth Shearer, the Commissioner calls her nothing but a nurse.

I would ask you, sir, not to let this travesty of justice continue, not only in America and Australia but also on behalf of the President of New Zealand Vietnam Veterans, Mr. Vic Johnson, who could not be present at these hearings to give oral testimony.

I ask of you, sir, to reverse this farce that has been going on for so long. Stop both governments now from carrying out damage control.

Make them pay by firstly compensating veterans, widows, wives and children now.

Secondly, crucify those politicians, scientists, doctors, and public servants that perpetuated this whole fiasco. Bring them to court and let us have 15 years of their lives to play around with as they have with ours.

Finally, make the producers of these deadly chemicals, pay, pay, pay, and pay again.

That is the end of my oral testimony, Mr. Chairman. However, I would also like to thank all the doctors and staff of the American Lake—Tacoma, VA Hospital for leave to appear here and for their excellent service under very poor conditions. I would like to have that added to my testimony as well.

Thank you.

[The prepared statement of Robert Newson appears on p. 89.]

Mr. EVANS. Thank you all. I appreciate your testimony.

What you are all indicating is what I believe we have had, that is foot-dragging from the VA to CDC and onward. Admiral Zumwalt, to his credit I think, has unearthed more evidence with a great deal of credibility because he was a person who ordered the spraying as the Chief of Naval Operations.

He indicated that there was far more Agent Orange sprayed and other herbicides sprayed than the government ever admitted and in his report he also, if I recall correctly, trying to quote him, said there was a discernable pattern if not outright collaboration by our government to deny veterans their needed benefits.

We have spent $60 million to $100 million at least studying Agent Orange. The bill as introduced would cost about $89 million a year to fund.

It is time to stop these studies and start helping our veterans directly and giving them the benefit of the doubt as Senator Adams has said.

So we are pushing. We have close to 200 cosponsors in the House. We have had the hearing that you all know about on May 2. We have come close on a budget request for $89 million. In a sense, the Secretary has gone on with the two onuses he designated for compensation. They will take that from the general funding for disabilities. It means we should probably amend the legislation and in some way to include the onuses that the admiral has indicated he believes are related.

We think if anything this has given us great momentum. The Senate as I said earlier has passed similar legislation. The Secretary is outstripping Congress in terms of moving ahead. As Bruce indicated, we need to legislate and codify what the Secretary has

already done and go beyond that by including illnesses that Admiral Zumwalt has indicated should be compensated.

We need to do that not only to codify and make them permanent so that a subsequent successor to Mr. Derwinski doesn't change those regulations without having to go to Congress, but because it is a moral thing that we ought to be doing.

It ought to be the Federal law of the land that we compensate and treat veterans of this country for Agent Orange and other herbicide exposure because it is the right thing to do and our government should have done it years ago.

Mr. NEWSON. When are you going to do that, Mr. Chairman?

Are you going to delay it like last year, the year before, like Sonny Montgomery has continued to do because he claims he is basically a layman and doesn't understand the sciences? Are you going to allow him to continue?

Mr. EVANS. I am not trying to delay. He is certainly not here to give you his side. I am going to push very hard, of course, and hope to get a vote.

Right now it is a key issue. We are trying to figure out a vehicle in terms of trying to get it to the Floor.

I know Congresswoman Unsoeld is ready to vote for it if we ever get it out of this committee. It moved through the Senate 92–8, a veto-proof majority, if we ever get it out of the committee, it will not be subject to a White House veto.

This is a veto-proof majority coming out of the House; a veto-proof majority of the same nature coming out of the House of Representatives.

I am pleased that Congresswoman Unsoeld has been one of the key sponsors of this measure and has helped us so tremendously. She is a new Member and often new Members are supposed to be seen but not heard.

Well, she has been heard as far as veterans are concerned and if we have anything we can possibly do to get it out of the committee we will do it.

Mr. COLE. Mr. Chairman, one item I overlooked in my testimony that I think is relevant and important here as well as Australia and New Zealand, Australia has started treating and compensating for illnesses based on the work that you have done here and the things that happened in Washington, D.C. on May 2. The widow of an Australian Veteran who died of brain cancer is now eligible and accepting compensation for herself and her children based on exposure to Agent Orange. This was published in the "Courier Mail" on Saturday May 5, 1990, in Melborune, Australia.

Mr. EVANS. Without objection we would like that included in the record as well.

[The article appears on p. 88.]

Mr. EVANS. Let me yield.

Mrs. UNSOELD. I wanted to agree with you, Lane, that there has been foot-dragging. In one way, however, it is even worse than that because it is a violation and betrayal of the trust and the word that was given. And the example is not a good one for our country to be demonstrating to the young people that we ask to respect our country, to respect our flag, and then we turn around and violate that

trust and our responsibility. It is not a good example for our children.

We will expend our energy, our efforts to try to move this legislation. That is part of the responsibility of the trust arrangement that should exist, and part of the relationship between those who have defended their country and those who have received the benefits.

So I do thank you for what you have added to our momentum, our knowledge, and our understanding and our resolve to find the votes in the Congress to get that legislation moving.

Thank you very much.

Mr. NEWSON. Thank you.

Mr. COLE. Thank you.

Mr. THORNTON. Thank you.

Mr. EVANS. Thank you all.

Our final witness is Barry L. Bell, Director of the VA Medical Center in Portland, a position he has held since 1984. During his career with the Department of Veterans Affairs beginning in 1970, he has received numerous awards including the Presidential Executive Award and Presidential Distinguished Executive Award in 1987 which are exceptionally noteworthy.

He served in the Army from 1958 through 1961 and in the Air Force from 1963 through 1966. He received a Vietnam Service Medal.

He is accompanied by two members of the Portland Veterans Affairs Medical Center staff; they are Dr. Roland Atkinson, Chief of Psychiatry and James Fitterer, Adjudication Officer.

Several years ago Barry testified before the subcommittee in Washington.

It is a pleasure to welcome him again today.

STATEMENTS OF BARRY L. BELL, DIRECTOR, PORTLAND, DVAMC; ACCOMPANIED BY: DR. ROWLAND ATKINSON, CHIEF OF PSYCHIATRY, PORTLAND, DVAMC AND JAMES FITTERER, ADJUDICATION OFFICER, PORTLAND DVAMC

STATEMENT OF BARRY L. BELL

Mr. BELL. Thank you, Mr. Chairman.

I appreciate the opportunity to be before you. Before I go on I would like to thank Ms. Unsoeld for her interest in veterans' affairs.

Ms. Unsoeld has visited our facility here in Vancouver on a number of occasions.

I would just like to thank her on behalf of the veterans, and thank her for showing her interest in our facility and in veterans' issues.

I have submitted to you, Mr. Chairman, the written testimony and I won't go over that in full, but what I would like to do is to highlight a couple of points that I made in there that directly talk about some of the programs for Vietnam veterans.

I would also like to yield to Dr. Atkinson for a few moments. Dr. Atkinson, Chief of Psychiatry at the Portland VAMC, is truly one of the experts on the post-traumatic disorder in the Department of

Veterans Affairs and in the country and he will make a few comments on that subject.

Mr. Fitterer, who is to my right, is the adjudication officer and is here primarily in case you should have any questions concerning the compensation and pension programs.

The Portland VA Medical Center serves Southwest Washington for its primary services almost all the way to Olympia, as well as Portland, and is also a referral center for all of Washington, Oregon and Idaho.

We are the largest medical center in the Northwest receiving and serving veterans.

We have a large array of programs. What most people don't realize is the number of Vietnam veterans who partake of those programs. What I would like to spend my time on is to give you some simple statistics of the number of Vietnam veterans that do come to us for care.

Overall, in the adult medical and surgical programs over 25 percent of the veterans that we care for are Vietnam veterans which is a significant amount. In actual numbers last fiscal year over 7,000 Vietnam veterans received major medical care from our facility.

In certain areas such as psychiatry, 45 percent of the Vets we care for at the Portland VA Medical Center and Vancouver are Vietnam veterans. We have a number of special programs.

As to Vietnam veterans issues, I am a Vietnam veteran and many of our staff are. We have shown a large interest in Vietnam veteran issues over the years so we have quite an array of programs for Vietnam veterans. I would just like to highlight some of those.

First is our homeless domiciliary. The Congress passed legislation about 3 years ago appropriating money for the homeless veterans and we were one of the first homeless domiciliaries to have been established in the VA and Larry Howe, who is in the audience and is director of that domiciliary, has put together a very excellent program.

In fact, our program was reviewed and found to be such a good program and will be expanded next year by 50 percent. Last year we took in 170 homeless Vets of which 70 percent were Vietnam veterans.

Our program is a high intensity program whereby we provide rehabilitation on a short term of up to 6 months for vocational, medical, and psychological services. We help them attain job skills, then we go out and try to find them a job; and, in many, many instances we can give you examples of great successes in that program.

We commend the Congress for that program, and, it is as I said, a majority of Vietnam veterans use this program.

In Agent Orange, our medical center and I personally have always taken the position that if a veteran has a concern about Agent Orange, we care for that veteran and we don't question about whether it is related to Agent Orange or get into the medical and philosophical issues with the veteran.

We have treated over 3,500 veterans at the Portland VA Medical Center who have come to us under the legislation that allows them

to have care because of their concerns. We have provided whatever care they need based on that claim.

We have a very substantial alcohol and drug substance abuse program and last year alone we treated over 800 veterans. That program, by the way, is right here in Vancouver across the street from this building. Of the over 800 veterans treated in this program, 57 percent were Vietnam era veterans.

Lastly, we have in this area substantial Vet center programs. They have been here a long time. They are excellent programs and again one of my staff who is in the audience, Mike Maxwell has been a director of that and is probably one of the most knowledgeable individuals, in this State on Vietnam veteran issues.

We serve veterans in our vet center as far north as Longview and as far south as the Salem area and we treated last year almost 1,000 veterans who came in through the vet center program in our medical center programs. So that is another program that is well used by Vietnam veterans.

With that, Mr. Chairman, I will conclude my remarks but certainly be available to you and your staff if you have any questions about the center.

I would like to ask Dr. Atkinson if he would give a few remarks on post-traumatic stress disorder.

[The prepared statement of Barry L. Bell appears on p. 94.]

Mr. EVANS. We would be glad to hear from him.

STATEMENT OF DR. ROLAND ATKINSON

Dr. ATKINSON. Mr. Chairman, Congresswoman Unsoeld, I am pleased to be able to speak to you this morning and I also want to bring you greetings from Dr. Paul Errera, Director of Mental Health and Behavioral Sciences Service in the VA Central Office. He regrets he could not accept your invitation to speak directly, but we have discussed this hearing, and I am prepared to make a few remarks I think he would have made if he had been here this morning. The first thing I want to share clinically is that in nearly all cases seen in VA medical centers, PTSD is a chronic illness. Although some cases are acute and resolve with little or no help over a short period of time, the problem faced by many Vietnam veterans, as well as some veterans of earlier wars is one of lasting symptoms that are crippling and cause great social problems as well as personal, psychological disability and distress. Sometimes PTSD tends to become much worse with the passage of time.

As with any other chronic disorder, there tend to be associated problems. We have veterans with chronic PTSD who likely will have other behavioral problems. Substance abuse has been alluded to by other people this morning.

Chronic anxiety and panic disorder, proneness to depression, as well as a variety of social and occupational disabilities, are other examples. Not only that, but it is likely that persons suffering from chronic PTSD are vulnerable to a higher rate of other medical illnesses.

Given that PTSD is a chronic condition, as with all pervasive chronic medical disorders, there is need to have a wide spectrum of services available. There isn't any one magic bullet, one particular

mode of treatment that will fully address the range of difficulties experienced by veterans with PTSD.

So it is very important to think in terms of a spectrum of services. These begin with adequate examinations at the time veterans come to a medical center, to be sure we detect PTSD, and do an adequate job of examining claimants for PTSD which may result in compensation and other benefits.

Other vital programs in the spectrum of services include community Vet Centers, special PTSD treatment teams (PCTS) in our VA outpatient clinics, specialized PTSD inpatient units, substance abuse programs when such abuse co-exists with PTSD, and homeless domiciliary programs, among others.

The second thing I want to emphasize is the lack of services presently, in terms of quantity. I think the benchmark for what we know about this comes from the National Vietnam Veterans Readjustment Study completed not long ago. Just to boil down the statistics from that, they suggest that presently in the VA we are only reaching a small percent of the total number of veterans with PTSD from the Vietnam era.

For every Vietnam veteran we are treating for PTSD, there may be five or six other veterans from the Vietnam War Zone with significant PTSD symptomology whom we have not yet reached.

A second aspect of quantity of services is access, and this is in part a problem of eligibility. It has been calculated by Dr. Errera's staff in VA Central Office that only about 25 percent of Vietnam era veterans are classified as Category A and therefore at the highest priority level for access to mental health and other mental services. Category A means that the veteran either has a service-connection for PTSD or some other disorder, or qualifies because of low income. So the vast majority of Vietnam veterans with PTSD in the community whom we are not touching are not eligible at a high priority to access the services that do exist.

Third, and finally, as you are aware, we know a great deal about how to treat PTSD; we know what the necessary spectrum of services is and how to deliver these services. But resource limits prevent delivery of these services in a uniformly high enough level around the country.

I will just mention a couple of illustrations. Mr. Bondurant mentioned the special inpatient PTSD unit at the American Lake VA in Tacoma.

Even with a recent infusion of new funding to expand the staff and capacity of that program, I can tell you that presently it takes four to 8 months, from the point of referral of a veteran that everyone agrees is well-qualified and deserving to be in that program, for that veteran to enter that program. We are talking now about an inpatient intensive care program that is designed for people who are not doing well at all in the community and very much need this modality of care.

I can also tell you that although we are up to a total of about 45 specialized PTSD outpatient treatment teams (PCTS) in the VA system, because of the size of the system, there are only three PCTS in the Northwest: Seattle got one of the first ones, about three and a half years ago; Boise, ID, received a team about a year ago; and we just received a formal letter, Mr. Bell did, this past

week indicating that Portland will now be funded for a PCT beginning this summer.

So here are three PCTS, one in each State in the Northwest, and one can only imagine how many veterans live too remotely from these teams to be well served by them.

I can answer other questions but I think I will conclude there.

(Subsequently, the Department of Veterans Affairs submitted the following additional information:)

PTSD is often a complex, chronic problem requiring a spectrum of health services to adequately treat patients. There are several aspects of this complexity. Chronic PTSD itself may foster social and occupational disability, leading in severe cases to homelessness. The National Vietnam Veterans Readjustment Study demonstrated that 50 percent of veterans with PTSD also have other, coexisting, often chronic or recurring mental disorders (substance abuse, generalized anxiety, panic and affective disorders being the most common).

PTSD patients could be at greater risk for other medical problems. In a recently developed strategic plan for PTSD, Mental Health & Behavioral Sciences Service and Readjustment Counseling Service staff made the assumption that during the next few years, PTSD might be shown to have an etiologic role in medical illnesses, analogous to the recently documented correlation between panic disorder and cardiovascular mortality. They recommended that the National Center for PTSD seek information about this relationship.

For those veterans suffering from PTSD who also sustained physical wounds in combat, consequent medical problems represent a self evident association of PTSD and a variety of physical illnesses and disabilities. In the many cases in which PTSD has contributed to alcoholism or other substance abuse, economic privation or homelessness, vulnerability to various illnesses associated with these statuses can also be expected to be higher in this group than in veterans who do not have PTSD. Whether the relationship between panic disorder (which coexists with PTSD in a number of cases) and cardiovascular problems is demonstrable specifically in Vietnam veterans remains to be seen.

At the Portland VAMC, 80 percent of acute hospital admissions of Vietnam era veterans are to medical and surgical services. We note that there has been an increase in the proportion of inpatients who are Vietnam era veterans, from 8 percent in 1982 to 20 percent in 1989. While this trend could represent the combined effects of declining numbers of older veterans, increasing use of VA facilities by Vietnam veterans, and aging effects in the latter group, it could also reflect a greater vulnerability to certain medical problems among Vietnam veterans.

Mr. EVANS. Thank you.

I have a series of questions. Do you have anything to add?

Mr. BELL. No, I have nothing further that I would like to add, but we are certainly willing to answer any questions that you have.

Mr. EVANS. Let me walk through some questions that occur to me. First of all we heard from Mr. Wright about the provision of PTSD treatment to minority veterans and other veterans that have not been reached through the traditional veterans' programs.

What is the current status of counseling services provided by the VA under contract? Are you working in the minority areas to try to make sure that Native Americans, blacks, Asians, traditionally the underserved by the VA, will be served through contract care or other ways?

Dr. ATKINSON. We are beginning to. I think it is clear we have not done an adequate job. That is true in the Northwest and it is true nationally.

Again, the National Vietnam Veterans' Readjustment Study made it clear that the rate of PTSD is higher in war zone veterans of minority groups than the mainstream. If the overall PTSD rate is 15 percent, the study shows that the rate among black Vietnam

veterans was 20 percent and among Hispanic Americans 30 percent.

Mr. EVANS. How are you working together to reach those at this point?

Dr. ATKINSON. At the national level the Special Committee on PTSD, which advises the chief medical director, is forming a minority subcommittee to specifically target and advise the CMD.

Mr. EVANS. What about locally? Do you have an advisory group?

Dr. ATKINSON. The Salem Vet Center, affiliated with our medical center, is providing counseling on site at the Warm Springs Indian Reservation in the Cascades. There is a counselor there on a regular basis.

Our PCT, which will begin this summer, was funded in part because of our pledge to begin outreach groups in other mental health treatment settings: in the black community, in the local urban Native American community, and in the rural coastal range of Oregon where there are veterans who refuse to come to Portland.

(Subsequently, the Department of Veterans Affairs submitted the following additional information:)

A PTSD Clinical Team (PCT) has been approved and funded for the Portland VAMC. Staff should be in place by the end of this summer. Encouraged by Mental Health & Behavioral Sciences Service suggestions for all recent PCT proposals, ours included in a strong outpatient outreach component aimed at minorities and rural veteran populations. Before the funding of the PCT, we had entered into a planning dialog to develop outreach programs (contingent upon receiving funds for a PCT) with staff of the Center for Community Mental Health, a multiservice center serving a predominantly black neighborhood in northeast Portland; local representatives of the Northwest Indian Veterans Association; and the Director of Washington County (Oregon) Veterans Affairs, serving rural dwelling veterans of the west county. In each case, we plan by mid-autumn to set up on-site assessment and group counseling activities co-led by PCT staff and indigenous staff of the respective community agencies.

Mr. EVANS. Any time anyone else has an answer to any of these questions, jump in.

Is there a local advisory committee with minority representation which advises you on this?

Dr. ATKINSON. Not as yet. When we form the PCT we may put something like that in place.

Mr. EVANS. I wish you would because I think even good intentions don't quite reach the minority population all the time. There are ways of tailoring the services and it would be beneficial to have that advice.

I have a series of questions not in any particular order. Have our veterans who have been diagnosed by your hospital staff received, by and large, compensation from the Department of Veterans Affairs? Have you followed that through?

Mr. BELL. Let me ask Mr. Fitterer who is the Adjudication Officer and has direct responsibility for compensation issues.

STATEMENT OF JAMES FITTERER

Mr. FITTERER. From the claims processing area, only if the veterans who have applied for benefits. There is a time they will come in for treatment like Mr. Bell indicated, they will come in for an

Agent Orange examination, they may not have filed a claim with us.

If they file a claim we go through the process to secure their medical records, look at all the evidence and process the claim on that.

Mr. EVANS. Is there an attempt by the VA veteran center staff to make sure that——

Mr. BELL. I can address that. All our staff who work with veterans who have those particular kinds of problems are very attuned to the issue of service connection. If for no other reason than the higher eligibility a veteran like that would receive for medical care. So our staff are very attuned to informing the veterans about the need to apply for compensation.

Mr. EVANS. Do you have any statistics indicating the success or failure rate of those claims?

Mr. BELL. I don't personally have any statistic but I might ask Mike Maxwell who is sitting here who was the Director of a Vet Center and probably the most knowledgable person anywhere in the Northwest on those issues. He might have that data.

Mr. EVANS. If he doesn't have it with him I would like to have it submitted for the record. If he has any information, we would be glad to receive it.

Mr. BELL. Do you have anything.

STATEMENT OF MIKE MAXWELL

Mr. MAXWELL. I don't have it with me but I can send it to you.

Mr. BELL. We will send that to the committee.

Mr. EVANS. We would appreciate that.

[The information follows:]

Actually, this material was compiled and is being reported by Dr. Atkinson. There is no separate material from Mr. Maxwell.

(See p. 36)

Dr. ATKINSON. We were interested when PTSD first became compensable and did a study of the first 200 Vietnam veteran claimants for PTSD locally. Although the word "study" has many meanings to people, and we don't purport that this represents what is happening now in Portland or in the Nation, we did show that when PTSD was diagnosed adequately with a good report, when we psychiatrists did our job right by conducting an adequate interview and documenting the material by writing up a thorough report, the rating board agreed with us on the presence of PTSD well over half the time, 60 to 70 percent of the time.

Mr. EVANS. That is probably pretty good relatively speaking. I am concerned about the 30 percent or more who you did diagnose and who are not receiving help.

If anything will aggravate PTSD it would be to go through a government program, and from what you are telling me it is a good-faith program, to go through that program and be diagnosed and the other hand of the Federal Government says, "Too bad, we won't give you any compensation."

I think that would cause a lot of problems if it happened to me.

I realize that is not your ball game, the actual providing of benefits. We appreciate your trying to improve the reports. I am sure that is useful. That is a problem we need to address.

You are now receiving money at Portland for an inpatient unit. Is that correct?

Dr. ATKINSON. No, for a PCT, which is an outpatient clinical team that will augment our capacity for outpatient services.

Mr. EVANS. If you are a veteran going to a local veteran center in your service area, where are you going to be sent if you need inpatient services? You have American Lake and Palo Alto, California. I have been there. That seems pretty far away for a lot of vets here.

Dr. ATKINSON. First, we try to take care of business at home. I think this is true around the system, because there are far more needs for hospital care for PTSD than will ever be accommodated by special units, we feel. We have an inpatient unit here in Portland, and we have tried ever since the beginning, ever since the late seventies at least, to provide for special treatment needs of Vietnam veterans with PTSD in our general inpatient unit.

Mr. EVANS. As an inpatient unit with other psychiatric patients.

Mr. BELL. That is right. It is not solely dedicated to PTSD patients.

Mr. EVANS. I understand that may be done because you are trying to deal with the situation by even taking resources away from other things to which you could devote them, but my question is, do you have at this point a free-standing inpatient unit?

Dr. ATKINSON. No. If we feel we can't handle a case with PTSD locally through our general services, you are right, we must try to effect a referral either to the unit at the Menlo Park Division of the Palo Alto VAMC or the special unit at American Lake VAMC.

Mr. EVANS. I have not been through your facility, but do local veterans who have PTSD say I don't want to get put into that program because it is in with the general facility?

Dr. ATKINSON. Some people feel that way.

Mr. EVANS. Where would they go?

Dr. ATKINSON. We would try to help facilitate their getting to one of the special units, and we have done that in a number of those cases.

Mr. EVANS. Might they not come to you as a result of that?

Dr. ATKINSON. They might not.

Mr. EVANS. So we might be missing part of the population that way?

Dr. ATKINSON. Yes, but there are other people who don't get to the special units, too.

Mr. EVANS. How would you react if we said we wanted to create a special inpatient unit solely for treatment of PTSD?

Dr. ATKINSON. In our area?

Mr. EVANS. Yes.

Dr. ATKINSON. We would be delighted.

Mr. EVANS. You would be delighted?

Dr. ATKINSON. Absolutely.

Mr. EVANS. We will try to get the money to you.

Dr. ATKINSON. Absolutely. I say that not just in good faith, but because we have a very dedicated cadre of very well-trained staff

who care a lot about veterans with PTSD, and we would love to put those people into play on a broader basis helping the veterans.

Mr. EVANS. Could we get that report of the first 200 claimants for the record?

Dr. ATKINSON. Sure.

(Subsequently, the Department of Veterans Affairs submitted the following information:)

A small-scale, informal study was conducted in Portland in 1981–82. The study was initiated shortly after Post Traumatic Stress Disorder (PTSD) became compensable. The main objective of the study was to improve the quality of psychiatric examinations of compensation claimants. Data were examined for 201 Vietnam veteran PTSD claimants consecutively evaluated between September 1, 1981, and September 20, 1982. Copies of psychiatric reports that had been sent to the Rating Boards were edited to remove claimant identification and the examiners' diagnoses, and these edited copies were reviewed by two "blind" psychiatrist judges who were well versed in the DSM-III diagnostic criteria for PTSD but who had not performed the compensation examinations. Thus, these judges had the same information available to them (the reports but not the patients) as the Rating Board members, except for the diagnostic conclusions. The judges were asked to determine the presence of PTSD from the reports, using strict DSM-III criteria. A confirmed diagnosis of PTSD was made if each judge independently made the diagnosis from the report.

Of the 201 claimants who were assessed, psychiatric examiners diagnosed PTSD in 96 cases (48 percent)—the "PTSD positive" group. A substudy of diagnostic concurrence with Rating Board decisions was conducted on the first 43 "PTSD positive" cases for which data retrieval was completed. For this cohort, psychiatrist examiners diagnosed PTSD in all 43 cases, but the "blind" psychiatrist judges upheld the diagnosis in only 19 cases (44 percent). Rating Boards also agreed with psychiatric examiners in just 19 of the 43 cases (but not the same 19 individual claimants). Rating Boards agreed with "Blind" psychiatrist judges' diagnosis of presence or absence of PTSD in 29 of 43 cases (67 percent). For the 19 cases in which psychiatrist judges upheld the examiners' diagnosis of PTSD, Rating Boards agreed in 12 cases (63 percent). In another 7 cases, even though the examiners' reports were not adequate to justify a diagnosis of PTSD by psychiatrist judges, Rating Boards found a service connection for PTSD. Data are summarized in the following table:

	Determined the PTSD was present		
Number of cases	Examining Psychiatrist	"Blind" Judge Psychiatrist	Rating Board
12	Yes	Yes	Yes
7	Yes	No	Yes
7	Yes	Yes	No
17	Yes	No	No

Interpretation: Within the constraints set forth in the next section ("Limitations") the following observations seem justified. Even though psychiatrist examiners were urged to make the diagnosis of PTSD only when all DSM-III criteria were met and to describe these in their report, in fact the examiners could and did diagnose PTSD even if they did not justify the basis of the diagnosis clearly in their reports (by demonstrating how each DSM-III criterion had been met). The "blind" psychiatrist judges, on the other hand, were consistently constrained in the same manner as Rating Boards were instructed by the Department of Veterans Benefits (now Veterans Benefits Administration) guidelines: they could uphold PTSD only if the examiner's report clearly documented how each DSM-III criterion was met. This difference is the basis for the low (44 percent) level of agreement between examiners and judges. It also accounts for the 23 percent difference in concurrence rate between examiners and Rating Boards (44 percent), on the one hand, versus judges and Rating Boards (67 percent), on the other.

Examiners' reports might not adequately justify the DSM-III diagnosis for one of two reasons: (1) the examiner could have neglected to list all of the justifying data (this exhaustive procedure, while certainly desirable, was not required for other psychiatric diagnoses) or, (2) the examiner could believe that PTSD was present even though each DSM-III criterion was not met (the examiner could doubt the validity

of one or another DSM-III criterion, or consider a missing criterion extraneous in light of overwhelming presence of other criterion symptoms).

When examiners' reports fully justified the diagnosis (i.e., "blind" psychiatrist judges upheld PTSD) the concurrence with Rating Board decisions rose from 44 percent to 63 percent but why didn't this concurrence rise even higher, i.e., to 100 percent? Conversely, why in 7 cases did the Rating Board find service connection for PTSD when the examiner's report was not adequate to support this diagnosis by independent psychiatrist judges? One answer to these questions is that the VA examiners report is but one document among many reviewed by the Rating Board in each case. Other material may either confirm or call into question the examiner's conclusions.

A major area of uncertainty in PTSD is validation of actual traumatic events. Frequently, military records are too general or vague for this purpose. Rating Boards hope that the examining psychiatrist can help to validate the account, but they know that the methods of psychiatry are deficient in this regard: psychiatrists are trained in skills to establish the mental state of the patient at the time of a remote event, but not to establish the actual facts of that event. This requires investigative methods beyond the scope of psychiatry. Thus, the psychiatrist's assertion that the patient's story of traumatic events is valid may not seem compelling to the Rating Board. 3.

Rating Boards also find it confusing when examiners diagnose multiple concurrent psychiatric disorders (not an uncommon occurrence since PTSD is often associated with other disorders). Another common source of ambiguity are past medical records (from VA, military and other facilities) available to the Rating Board. These records may contain multiple and contradictory prior psychiatric diagnoses ("diagnoses of record") that are in apparent conflict with the diagnosis of PTSD. Given these considerations, 63 percent can be viewed as a very reasonable rate of concurrence.

Limitations and influence of the study: This study represents early experience with compensation examinations for PTSD, very shortly after this diagnosis was created in American psychiatry and just after it became compensable in the VA system. Everyone—psychiatrists and Rating Boards alike—was learning during this period. This study also spanned a brief timeframe, involved an analysis of a very small, nonrandom sample to cases, and focused on only one locality. These features collectively make it impossible to generalize the findings either to the entire VA system or even to conditions in Portland today. Nonetheless, important lessons came from the study. We have worked to improve the quality of psychiatric examinations and the thoroughness of reports on PTSD claimants, and maintain a constant dialog towards this end with Adjudication Division leadership and Rating Board members. On a national level, we have advised the Mental Health & Behavioral Sciences Service in their project to develop training products for psychiatric examiners evaluating PTSD claimants.

Mr. EVANS. We appreciate that.

I still run into an attitude in certain parts of the VA that PTSD is not a problem. It is just a psychiatric problem. I wanted that straightened out.

VOICE IN AUDIENCE. Excuse me, Mr. Chairman.

Mr. EVANS. Excuse me. I will try to come back to individuals.

I want to keep order.

Now, Mr. Bell, you indicated that you didn't do anything specifically to characterize people as Agent Orange claimants for which I understand you try to provide care. Do you provide Agent Orange environmental screenings?

Mr. BELL. Yes, for those 3,500 I earlier cited and for any veteran who comes in and asks for that screening. That has been provided and sent to the National Registry.

Mr. EVANS. How long would it take me if today I wanted to apply to get an Agent Orange screening?

Mr. BELL. Probably tomorrow.

Mr. EVANS. Tomorrow?

Mr. BELL. We have no waiting list for the Agent Orange screening.

Mr. EVANS. That is commendable.

Does that mean not a lot of people are coming through, though?

Mr. BELL. That is correct. At the moment, there are not many requests. Most of the Agent Orange screening tests were for individuals that have requested the screening during earlier times. Right now there is not a great demand for that screening test.

Mr. EVANS. I may have other questions, but in the interests of time, I would just like to ask one last one. This is the allegation that Category A veterans are being denied care. Have you had a problem with that here?

Mr. BELL. What has actually happened is that we have 79 of our hospital beds shut down for lack of dollars to hire staff in the Portland VA Medical Center. Those beds that we do have operating are frequently full and when a veteran of any category needs emergency admission and those beds are full, we simply cannot accept them and they are diverted to the private sector.

Now, if they are service-connected, we will ultimately pay their hospital bill, but if they are not service-connected even though Category A and low income by law, we cannot pay for that care. So, yes, in those instances, we are turning Category A veterans away.

Mr. EVANS. All right.

Congresswoman Unsoeld.

Mrs. UNSOELD. Thank you, Mr. Chairman.

Mr. Bell, I wanted to give you an opportunity to go into free-wheeling on budget and dollars. We have heard a lot about the needs this morning, and there is no question, I know, I can attest to the good services that you are providing.

Would you like to give us more ammunition for trying to get the dollars and what it means, you have had to do shuffling and some programs you have been able to expand, but there are others that are suffering and you have probably got a priority list of what you would like to be able to fund if you had the dollars.

Mr. BELL. Yes, I would be willing—in fact, I brought a document from which I will read one sentence to you—a recent IG report following an IG visit to our center. The last sentence in the overview says, "The Medical Center would require a substantial amount of funds . . . ", and then in parenthesis, currently estimated by the medical center at $10.9 million—to open closed wards and provide a full range of medical services to all veterans.

That was in a recent report issued by the VA Inspector General's Office.

That dollar figure is not far off. That is not talking about providing everything that every veteran would like, that is just for restoring our services and not having to close wards and not turning away veterans who are, A, B and C veterans.

Mrs. UNSOELD. I would also invite you and the other health and other service providers and supervisors that are here today, that if you wanted to add to the record, submit it to my office on this funding situation and on ways perhaps to deal with programs you would like to expand, or where you are really hurt, and submit any additional information.

That will be most useful. I would invite the other members associated with your administration to do that.

Mr. BELL. We would be happy to do so.

(Subsequently, the Department of Veterans Affairs submitted the following additional information:)

March 15, 1990

Additional Resources Requirements

OPEN WARD SC

ITEM: Open Ward SC with 23 Med and 16 Surg beds @ 85% Occupancy

	BED DAYS OF CARE	FY89 ALOS	PTs TREATED
Surgical	4,964	7.3	680
Medical	7,154	7.2	994
TOTAL			1,674

	FTEE	AVE SALARY	P/S	A/O	TOTAL
Nursing					
RN	28.60	$40,031	$1,144,887		$1,144,887
LPN's	9.00	$25,716	$231,444		$231,444
Physicians Assist	3.00	$47,416	$142,248		$142,248
Social Worker	0.50	$42,538	$21,269		$21,269
Dietetics	1.50	$27,796	$41,694		$41,694
MAS	2.00	$20,722	$41,444		$41,444
SPD	1.00	$23,026	23,026		$23,026
Bldg Mgt					
Aide	2.00	$26,588	$53,176		$53,176
Bed Maker	0.50	$25,438	$12,719		$12,719
Ancillary Support	5.00		$216,286	$1,495,096	$1,711,382
TOTAL	53.10		$1,928,193	$1,495,096	$3,423,289

ITEM: Start up Costs of Opening Ward 8C

FTEE	P/S	A/O	TOTAL
Bldg Mgt - Furniture		$8,000	$8,000
Engineering - Prepare Area	$5,000		$5,000
TOTAL	$5,000	$8,000	$13,000

ITEM: Additional Outpatient Workload as a result of Opening 8C

Patients Treated	1,674
Estimate Unique	1,255
FY 89 Visits/PT	6.837
NEW VISITS	8,582
FY 89 FTEE/OP Visit	0.001445
Additional FTEE	12.4

	FTEE	P/S	A/O	TOTAL
Resources	12.4	$412,771	$271,718	$684,489
TOTAL	65.5	$2,340,964	$1,766,814	$4,107,778

March 15, 1990

Additional Resources Requirements

OPEN WARD 9D

ITEM: Open Ward 9D with 10 Med, 10 Surg and 20 Inter Beds @ 85% Occupancy

	BED DAYS OF CARE	FY89 ALOS	PTs TREATED
Surgical	3,457	7.3	474
Medical	3,472	7.2	484
Inter Med	6,205	50.2	124
TOTAL			1,081

	FTEE	AVE SALARY	P/S	A/O	TOTAL
Nursing					
RN	26.00	$40,031	$1,040,806		$1,040,806
LPN's	9.00	$25,716	$231,444		$231,444
Physicians Assist	3.00	$47,416	$142,248		$142,248
Social Worker	0.50	$42,538	21,269		$21,269
Dietetics	1.50	$27,796	$41,694		41,694
MAS	2.00	$20,722	$41,444		$41,444
SPD	1.00	$23,026	$23,026		$23,026
Bldg Mgt					
Aide	2.00	$26,588	$53,176		$53,176
Bed Maker	0.25	$25,438	$6,360		$6,360
Ancillary Support	5.00		$222,688	$910,052	$1,132,740
TOTAL	50.25		$1,824,154	$910,052	$2,734,206

ITEM: Start up Costs of Opening Ward 9D

FTEE	P/S	A/O	TOTAL
Bldg Mgt - Furniture		$8,000	$8,000
Engineering - Prepare Area	$15,000	$45,000	$60,000
SPD - Carts, Pumps, Supplies		$80,000	$80,000
TOTAL	$15,000	$133,000	$148,000

ITEM: Additional Outpatient Impact of Opening 9D

Patients Treated	1,081
Estimate Unique	811
FY 89 Visits/PT	6.837
NEW VISITS	5,542

FY 89 FTEE/OP Visit	0.001445
Additional FTEE	8.0

	FTEE	P/S	A/O	TOTAL
Resources	8.0	$266,558	$175,469	$442,027
TOTAL	58.25	$2,090,712	$1,085,521	$3,176,233

March 15, 1990

Additional Resources Requirements

INCREASING OCCUPANCY TO 85%

	INCREASE ADC	BED DAYS OF CARE	FY89 ALOS	PTs TREATED
Surgical	6.2	2,263	7.3	310
Medical	8.1	2,957	7.2	411
TOTAL				721

ITEM: Impact of inpatient services

	FTEE	AVE SALARY	P/S	A/O	TOTAL
SUPPORT SERVICES (excl Nursing)					
Medical Bed Support	8.74		$336,907	$246,482	$583,389
Surgical Bed Support	8.64		$339,775	$354,822	$694,597
Bldg Mgt - Bed Maker	2.00	$25,438	$50,876		$50,876
SUB-TOTAL	19.38		$727,558	601,304	$1,328,862
NURSING - ICUs @ 100%					
Wards	12.00	$40,031	$480,372		$480,372
SICU 14 Beds	13.50	$40,031	540,419		$540,419
MICU/CCU 18 Beds	6.00	$40,031	$240,186		$1,260,977
TOTAL	50.88		$1,988,535	$601,304	$2,589,839

ITEM: Additional Outpatinet Impact of Increasing Occ. to 85%

Patients Treated	721
Estimate Unique	540
FY 89 Visits/PT	6.837
NEW VISITS	3,695
FY 89 FTEE/OP Visit	0.001445
Additional FTEE	5.3

	FTEE	P/S	A/O	TOTAL
Resources	5.30	$177,423	$116,793	$294,216
TOTAL	56.18	$2,165,958	$718,097	$2,884,055

ITEM: Increasing an additional 50 Cardiac Surgery cases

	FTEE	P/S	A/O	TOTAL
Resources	0.88	$80,500	$350,000	$430,500

ITEM: Increasing Dialysis workload from 22 to 40 patients

	FTEE	P/S	A/O	TOTAL
Resources	7.00	$227,889	$70,000	$297,889

Mrs. UNSOELD. Thank you.

Mr. EVANS. We thank this panel very much, and we look forward to working with you.

Mr. BELL. Thank you, Mr. Chairman.

Mr. EVANS. I have a few minutes. I will officially close the hearing and take public questions until about fifteen after the hour of 11 o'clock. I would like to officially conclude the hearing at this point so we don't increase the cost of the record and exhaust our good stenographer who is doing a great job keeping up with us. Then we will try to take questions or answers or comments.

[Whereupon, at 11 a.m. the subcommittee adjourned subject to the call of the Chair.]

APPENDIX

OPENING STATEMENT BY

CONGRESSWOMAN

JOLENE UNSOELD

FOR THE HOUSE VETERANS' AFFAIRS'

SUBCOMMITTEE ON OVERSIGHT AND

INVESTIGATIONS'

HEARING ON

VIETNAM-ERA VETERANS CONCERNS

VANCOUVER, WASHINGTON

JUNE 2, 1990

Thank you.

I first want to thank Congressman Evans for coming to Vancouver today. His last visit was very much appreciated by everyone who participated in the events that were held during his stay. I am glad he has agreed to return today to hold this hearing on Vietnam-era veterans' concerns. Since that time I have come to admire even more the work he is doing for this country's veterans.

I especially admire the work Congressman Evans has done to see that Agent Orange victims receive the compensation they desperately need and deserve. His bill H.R. 3004, The Veterans' Agent Orange Exposure Act of 1989, will provide immediate relief to those in need, ending the indecisiveness on this matter that has caused undue hardship to these unfortunate veterans and their families. I am proud to be a cosponsor of this bill and I hope I will have the opportunity in the near future to vote in favor of this measure on the floor of the House.

We are very fortunate Congressman Evans has chosen Vancouver as the site of this important field hearing. It is a tremendous opportunity for people of the Northwest to speak their mind on these important issues. Having visited with veterans throughout the area, I know you have plenty on your mind and numerous suggestions on how to improve veteran services.

I also wish to thank all the witnesses, especially Senator Adams, for taking the time to provide the subcommittee with valuable insight into the quality of services Vietnam-era veterans are receiving. I am pleased to see

representatives from a wide range of organizations gathered here today. This should provide the subcommittee with the necessary array of viewpoints to acquire a greater understanding of the special needs of Vietnam-era veterans .

There are many important issues concerning Vietnam-era veterans that need to be addressed. Taking care of the homeless, treatment of Post-traumatic Stress Disorder, and compensation for agent orange victims are just some of the issues that are unique to Vietnam-era veterans. I hope this hearing will help to ensure that these problem areas receive the attention they deserve. Through your participation today, you are helping us to put together a strong record to carry back to the Congress.

Finally, I would like to thank those who have come to watch and listen to today's proceedings. I am sure you will find it informative. I know I am looking forward to hearing what our panelists have to say.

So, thanks again to you, Congressman Evans, and to your subcommittee staff for doing an excellent job organizing this hearing and I thank those of you in the audience for attending.

State of Montana
Office of the Governor
Helena, Montana 59620
406-444-3111

STAN STEPHENS
GOVERNOR

May 15, 1990

The Honorable Jolene Unsoeld
ATTN: Ms. Donna Levin
Room 505
601 Main Street
Vancouver, WA 98660

RE: Testimony For the House Veterans Affairs Subcommittee on Oversight and Investigations, Concerning Vietnam Era Veterans

Montana's single largest group of veterans is our Vietnam Era Veterans, who number approximately 33,000 in our state (or one-third of our entire veteran population). Of these 33,000 Vietnam Era veterans, approximately 12,000 applied for a Vietnam Veterans State Bonus, which was paid only to veterans who served "in-country" or in the areas surrounding Vietnam.

The Department of Veterans Affairs (DVA) supports two hospitals, one medical outpatient clinic and two Vet Center Facilities in Montana. All of these facilities have experienced fiscal restraints which have reduced their ability to provide services sorely needed by our veterans.

Both of Montana's D.V.A. Hospitals, (Fort Harrison and Miles City) have been forced to close approximately twenty-five percent of their inpatient hospital beds. Both hospitals and the Billings outpatient clinic have been forced by financial constraints to limit out-patient care and the provision of prescription drugs for Montana's veterans.

Both of Montana's Vet Centers (Missoula and Billings) have experienced increased client visits and increased operational costs with no corresponding increases in funding. At the Missoula Vets Center alone, client visits have doubled since June of last year.

Our State's concerns for veterans are comparable to many of our Nation's concerns. Proper and expanded services for Agent Orange cancers and for Post Traumatic Stress Disorders rank as the top priorities within our Veterans Affairs Division. I have recently re-appointed Mrs. Bernadette Opp, a Vietnam Era veteran, to the Montana Board of Veterans Affairs and I have supported Mr. Rich Brown, a Vietnam veteran, as Administrator of the Veterans Affairs Division in his efforts to insure that Montana Vietnam Era veterans receive all of the benefits which they have earned and to which they are entitled.

Montana is a rural state. Our 100,000 veterans are scattered over 145,000 square miles. This makes it very difficult to reach small groups or isolated individual Vietnam Era veterans. Numerically, Montana's Vietnam veterans are among the highest per capita in the United States. Yet, when compared with the concentrated numbers of their counterparts in urban settings, there would appear to be a short fall in services to them here in Montana.

It is not unusual for a Montana Vietnam Era veteran to be required to travel in excess of two hundred miles for an outpatient medical visit. It is also very difficult, if not impossible, for the Vet Centers to provide qualified support services for Vietnam veterans in small rural communities.

We sincerely believe that all of the personnel at the Department of Veterans Affairs Medical Facilities and the Vet Centers in Montana have done an exceptionally good job of caring for as many veterans as possible with the limited resources available to them. They have gone above and beyond reasonable expectations in attempting to help our Vietnam veterans.

Our major concern remains reasonable access to Department of Veterans Affairs Facilities and equal treatment for all veterans in our sparsely populated, rural communities.

Sincerely,

STAN STEPHENS
Governor
State of Montana

cc: Rich Brown, Veterans' Affairs

STATEMENT OF CONGRESSMAN JIM MCDERMOTT

HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
VANCOUVER, WASHINGTON
JUNE 2, 1990

I want to thank Congresswoman Unsoeld and Veterans Affairs Subcommittee Chairman Lane Evans for providing this opportunity to discuss the challenges facing Vietnam veterans. I would like to speak about the pervasive problem of homelessness among veterans -- many of whom made great sacrifices for their country. When the war was over and their work ended, ours should have begun. But it did not. We did not foresee or understand the debilitating effects of Post-Traumatic Stress Disorder. Even now -- almost seventeen years after they have come home -- many Vietnam veterans are homeless and do not receive care.

Nearly 40% of the homeless are unemployed veterans. We have an obligation to house these veterans and to offer the care they need to heal their wounded minds and bodies. The transition from the battlefield to civilian life may require psychological counseling, job counseling or drug and alcohol treatment.

I applaud the efforts of the Seattle chapter of the Vietnam Veterans Leadership Program to establish a transitional home for Vietnam veterans. This model home will be the first in the nation to provide final-stage transitional housing to veterans who have completed treatment and are ready to secure employment. The rent would be affordable and six veterans will be able to live together in the group home. With the support of each other and follow-up case management counseling, these veterans will have a good chance to make it. Hundreds more veterans need group homes like this one to help them to readjust and live independently.

At the federal level, I am supporting the Comprehensive Services Program for Homeless Veterans bill introduced by Congressman Joe Kennedy. The bill proposes to provide $400 million over the next four years to develop a comprehensive plan to serve homeless veterans, operate mobile support teams to provide counseling and medical care, provide housing assistance payments, and run group homes. Only by establishing and maintaining a comprehensive program of services can we address fully the needs of homeless veterans.

When the transport planes brought our veterans home to the United States we let them down: these soldiers deserved but did not receive close attention and care. Our nation has recognized the sacrifices of it's Vietnam veterans; the time has come to recognize their special needs as well.

U.S. Senator

BROCK ADAMS

of Washington

Committees:
Appropriations
Labor and Human Resources
Rules and Administration

Testimony of Senator Brock Adams
before the
House Veterans Affairs Subcommittee on
Oversight and Investigations
Vancouver, Washington
June 2, 1990

Mr. Chairman, I appreciate having this opportunity to discuss the problems many of our Vietnam veterans continue to face. I believe the focus of today's hearing on this particular group of veterans is both timely and essential.

While some of these problems certainly affect veterans of other wars, the problems of Vietnam era veterans problems are unique. Vietnam returnees faced public hostility, ingratitude and indifference. The people of this nation did not acknowledge or appreciate their sacrifices. This political climate made re-adjustment to civilian life difficult, and in some cases impossible.

While the majority of Vietnam veterans have successfully re-adjusted to civilian life, many continue to cope with the legacy of their Vietnam experience. Veterans have requested my assistance regarding the difficulties they have experienced securing disability, housing and education benefits, adequate medical care for wounds and disabilities, assistance with readjustment problems and substance abuse. Vietnam veterans are disproportionately represented within the unemployed and homeless populations.

For the sake of brevity, Mr. Chairman, I would like to focus on the inadequacies of health care services for both Vietnam theater and Vietnam era veterans.

Mr. Chairman, it is no surprise that the provision of adequate health care provision for all veterans has been, and will continue to be, their number one concern. Vietnam era veterans are affected by the consequences of inadequate funding for veterans health care -- whether it's a several month's long wait for a clinic appointment, or the inability to receive mental health treatment. When I served as a member of the House of Representatives, Senator Magnuson and I worked to secure sufficient funding for VA hospitals like those here in Vancouver, and in Spokane and Seattle. We in the Northwest delegation continue that work today.

The complaints I have heard from Vietnam veterans in particular include the need for the provision of more services to assist Vietnam veterans with readjustment problems associated with Post Traumatic Stress Disorder (PTSD). Vet Centers, the community-based division of the DVA offers a variety of services designed to meet the unique needs of the Vietnam veteran. The Vet Center program is affected by periodic funding crises. Distressed veterans and their families contacted me last year, when the Vet Center's fee-based counseling referral program was threatened by funding cuts. This left veterans in an unacceptable situation, because the DVA Medical Centers are unable to accommodate the majority of veterans seeking mental health and substance abuse counseling and treatment.

Veterans have also contacted me about Agent Orange exposure. They have experienced difficulties with their health care concerns and disability claims. I understand that the issue of Agent Orange exposure being linked to cancer and other ailments, is a contentious one. This herbicide contained dioxin, a poisonous contaminant, and it is my belief that we should give veterans the benefit of the doubt in such cases. In this regard I am encouraged by Secretary Derwinski's decision to establish non-Hodgkin's lymphoma as a service-connected disease eligible for disability compensation.

We owe Vietnam veterans a great debt, Mr. Chairman. They served this nation honorably when called to duty; it is time for us to honor our obligation during their time of need.

In addition to the health care deficiencies I just described, there are other concerns affecting the larger population of Vietnam era veterans. For example, my staff has worked with veterans suffering from AIDS whose complex medical needs have not been met by the DVA Medical Center in Seattle. These veterans are self-referring to already overburdened private and public hospitals. This must change. The DVA must be equipped to sufficiently meet the needs of these veterans.

The lack of adequate funding for the Department of Veterans Affairs is the central issue. The VA has a tremendous responsibility to serve our veteran population and the resources it receives must be commensurate to its workload. That is why basic discussions about the budget are so important. Quite simply, we must ask ourselves how we should divide the pie. Should we continue to spend three to four billion dollars on a Star Wars fantasy when the VA medical centers, are unable to compete with private hospitals to attract and retain doctors and nurses? Should we spend 800 million dollars on each B-2 bomber--a plane which our own Navy doubts can evade Soviet radar--when veterans have to wait three to six months for a clinic appointment due to lack of funding? I say no, Mr. Chairman. I cannot justify such expenditures in light of what I view are more pressing needs here at home.

Vietnam veterans obviously have other concerns. I look forward to reviewing the testimony of the representatives and administrators of the various organizations that are here today. All concerned parties must reach an agreement on the nature and extent of the problems and work to resolve them in a timely fashion. I stand ready to do my part.

TESTIMONY BEFORE HOUSE VETERANS AFFAIRS SUBCOMMITTEE

ON OVERSIGHT AND INVESTIGATIONS

BY JESSE FARIAS, DIRECTOR

WASHINGTON STATE DEPARTMENT OF VETERANS AFFAIRS

JUNE 2, 1990

Mr. Chairman, members of the Committee, I am Jesse Farias, a Vietnam veteran and currently serving as the Director of the Washington State Department of Veterans Affairs (WDVA). Attached for your information is a short synopsis of the Department. During my tenure as the Director, I have visited with veterans from all walks of life in attempt to identify problems and potential answers.

The State of Washington is pleased at the opportunity to present testimony on Vietnam Era Veterans. While the problems of the Vietnam veteran are many and complex, ranging from basic health issues, Agent Orange, Post Traumatic Stress Disorder (PTSD), and employment and training (E & T), we would like to primarily focus on the needs of the underserved. That is the Native American, Hispanic and urban Black veterans.

While these groups represented a significant portion within the combat arms serving "in country", the numbers receiving some kind of assistance, not only in Washington State but Nationwide, borders on a tragedy. These groups are also underserved from previous war time periods be they World War II or the Korean War. Historically, these groups

have responded when this country has called upon them. Yet through either socio-economic reasons or ignorance, the services readily available to other veterans through various governmental agencies have not been accessible to them.

Traditionally, the Native American has returned to his/her people and the security of the Reservation. Volumes could be filled on the appalling lack of services to individuals residing on the reservations. Especially susceptible are the Vietnam veteran, suffering from a high rate of alcoholism, suicide and substance abuse. The same could be said of the urban Black, residing within the core of the inner city. The problems faced by the Hispanic are often compounded by the language barrier.

Recently the Colville Indian Nation presented a problem statement to the Washington State Department of Veterans Affairs (WDVA), in addition outlining potential solutions. The WDVA has taken the initiative in responding to the needs outlined. For example, closely working with eight tribes, we have identified an individual from each tribe to be a contact person. These individuals will be given training in various aspects of services available to veterans, with emphasis on accessing the services. The WDVA has willingly underwritten the total cost of this venture. In addition, a service contract with the Seattle Urban Indian Health Board will help address some of the needs of the landless and urban Native Americans.

Attempting to provide service to the inner city Black Vietnam veteran, we entered negotiations with the "Grunt House" in Seattle - a Community Based Organization (CBO) serving Black veterans by their peers. We believe that this is a small

step, and much is yet to be accomplished. Conversations with various Hispanic service groups are gaining the WDVA valuable insight as well as possible service provisions to the problems faced by this group. I would like to add that the problem is even more difficult because a large number are migrant seasonal farmworkers and therefore, highly mobile. The WDVA provides benefit counseling to veterans through various service organizations such as the Veterans of Foreign Wars (VFW) and the American Legion. Beginning in July 1990 the contracts have been written in a manner that encourages outreach to these underserved groups. We will be closely monitoring their success.

While I have dwelt on health issues and on small inroads the WDVA has made in attempting to provide services to these groups, that is not the total approach we have taken. Working closely with the Employment Security Department (ESD) of Washington State, we are attempting to create more opportunities for E & T for the Vietnam veteran. In some cases, even collocating our offices with Job Service Centers. Thus, allowing veterans to receive E & T information and benefits information in the same location. I and Isiah Turner, Commissioner of ESD, are extremely pleased with the results and are examining other areas of cooperation. While the Job Training Partnership Act (JTPA) system has been very successful, it has in fact not been effective in providing service to Vietnam veterans. We believe that there should be special language, especially in the Title II-A, that provides emphasis on veterans. This would encourage Private Industry Councils (PICs) to provide not only special services to veterans, but in fact not be detrimental to their performance standards.

Mr. Chairman it is the hope of Washington State that your committee examine ways that more services could be provided to these hard to serve groups. Especially in health and E & T needs. I have outlined several small steps that the State of Washington, under the leadership of Governor Gardner, has undertaken to provide badly needed services to these groups. We urge that your committee and Congress make funding available to enhance our initiatives and examine the desperately needed changes to the JTPA system.

CAPABILITY

The State of Washington provides a multitude of services for it's veterans and military related population. These services are not limited to, but include:

- 29 separate Job Service Centers (JSCs) plus 35 outstations. These JSC offices offer the services of 79 Local Veteran Employment Representatives (LVERs)/Disabled Veterans Outreach Persons (DVOPs), plus a broad base of services state-wide, including outreach to rural and underserved population groups. Their services not only include job placement assistance, resume preparation, job interview orientation, unemployment compensation, but a variety of community based referral program information. (This division is under the Washington State Employment Security Department - ESD.)

- 15 benefit entitlement and referral offices. These service offices are staffed with 50 people qualified to access all local, state, federal veteran benefit related programs. These operations display a broad community based networking capability designed to provide services to the veteran population group as a "whole;" including special emphasis to military installations. (This division is under the Washington State Department of Veterans Affairs - WDVA.)

- 13 Post Traumatic Stress Disorder (PTSD) counselors. These positions are state funded and strategically located throughout the state. They provide individual counseling service plus group sessions for veterans and family members. (This division is under the Washington State Department of Veterans Affairs.)

- A federally funded MHAA Title VII program designed to assist homeless veterans with their reintegration back into the labor force. This program offers a variety of networking among local, state and federal resources, including:

  1. PTSD counseling

  2. Alcohol/drug related therapy

  3. Transportation to supportive services

  4. Transitional housing

  5. Drop-in centers

  6. Total referral services for employment and training related programs, including Title II A-B, III, IV, V C, and VII funded programs.

7. Access to Private Industry Councils (PICs)

8. Coordination with Job Training Partnership Act (JTPA) funded positions

These services are available in Puget Sound but have the capability of coordinating services statewide. (This contract is with the U.S. Department of Labor (DOL) and is under jurisdiction of Washington State Department of Veterans Affairs.)

- Participation and Coordination with the VETSNET program. VETSNET offers networking among 25+ veterans related programs. Most are employment and training related. It has a broad base in the veteran community program and referral system. It has a mailing list of 80+ service providers. VETSNET coordinates service programs offered by DOL, USDVA, WDVA, ESD, SBA, SBDIC, and OFCCP; plus a variety of other related programs. (VETSNET is independent - a consolidated effort to provide services by all related entities.)

- Capability of contacting recently discharged veterans. The WDVA receives copies of DD-214 member copy six, when designated by individuals being discharged or retired. Currently this program is being computerized to provide this information to all

service related elements by zip code. Current system would provide information as follows:

- Name
- Address
- type of discharge (i.e. honorable, general, TDRL, retirement)
- designates "women" veterans/retirees

o Two state operated domiciliary/nursing care veterans homes. Total capacity approximately 520 members, including veterans, widows/widowers and spouses. These two complex, multi-purpose facilities offer:

- 210 domiciliary beds
- 310 nursing care beds
- therapeutic employment
- arts/crafts activities for members
- complete medical services

(This program is provided by the Washington State Department of Veterans Affairs.)

STATEMENT OF ROY L. BONDURANT

The House Veterans Affairs Subcommittee on Oversight and Investigations hearings on 2 June 1990 at Vancouver, Washington. Written and oral testimony by Roy L. Bondurant; Chairman, Thurston County Veterans Council.

ORAL

Good morning. I thank you for taking time from your busy schedules to hear what is going on with the veterans in the small towns of the Pacific Northwest. I am Roy L. Bondurant of Tenino, Washington and known locally as Skip. I was in the US Navy from November 1962 till March 1967, the US Army from 2 February 1969 and medically retired with 19 years on 4 February 1984. Among my twenty or so medals and badges is the Bronze Star Medal and three battle stars. I an on social security disability, 50% disability from the V.A., and 60% disability from the US Army, although most of that is taken back because I chose as my lifes work to keep this country free and safe. I hold numerous offices at different levels in: the American Legion, the Disabled American Veterans, the Veterans of Foreign Wars of the U.S., and several other veterans organizations. I have been a post service officer for the past five years and from that view point is were I will talk today. First, I would like to say the ONLY issue concerning solely Vietnam veterans is Agent Orange. The American Legion report tells that story and Congress has the report so it's redundant here.

As a post service officer I council, advise, direct, fill out V.A. and state veterans forms, and/or talk to and average of ten veterans and their families a week. One out of three of these contacts is about medical care. The WWII and Korean veterans are now retiring and are needing more and more medical care. Perceived or not, they KNOW they have their earned medical care coming from the V.A.. These men and women have spent their productive lives making this country what it is today, and are now retiring and coming for V.A. medical care. The veterans usually have medical care for their spouses and of course the V.A. medical care that they earned for themselves. On 31 March 1990 the medical director of American Lake Veterans Affairs Medical Center, Tacoma, Washington told a group of us, service officers that unless a new patients is 40% disabled or more, service connected, they will not be seen at American Lake V.A.M.C., but that all present patients will be seen. The reason? They started this budget year one point sixty seven million dollars in the red, and the only way they could see new patients is to stop seeing old, non service connected, patients. If that happened most of them would DIE as they have no where else to go for care. When the kids were taken, willingly, from their homes and marched off to kill and be killed or maimed, saving this country and world no one said any thing about a means test. Can you please tell me what am I to say to a sixty five year old former infantry Sargent when he asked me "if the fortunate ones aren't those that didn't return to see the government betray us?" What am I to say to these patriots, these builders of our nation? I wish you could see the hurt in their eyes, the fright. This lack of resources is not just American Lake but Seattle and Portland V.A.M.C.s as well. If time allowed I would relate cases, in general terms to protect confidentiality, so you would have a better picture. Some will be in the rest of my prepared written statement. Thank you for your time. Do you have any questions?

WRITTEN TESTIMONY

The real problem is not the staffs of the V.A.M.C.s but in the lack of funding by you the members of congress. The congress of this nation must take the leadership we the people have given you at the poles to care for our aging, sick and dying veteran population. As veterans we understand leadership. Tell the people like it is. We the nation, gave our word to these veterans, and we the nation must now raise taxes to pay for it. If the bill is a clean veterans bill with no pork barrel riders the people will go for it. That is leadership.

I have a veteran that was, "U.S.M.C. WWII, Pacific", sixty five, low income, family of five. This veteran has sugar diabetes, high blood pressure, heart angina, is over weight and other problems. He has never seen a doctor at American Lake V.A.M.C.. He has repeatedly ask to see a cardiologist, and a dietitians for over a year now, he has seen neither. I myself used American Lake V.A.M.C. for close to two years and I can only recall once seeing a medical doctor. One time when I demanded to see a doctor the physicians assistant came back and said there was not one in the medical center that day. I do NOT blame the staff at American Lake Medical Center, but think they are heroes for doing as much as they are with so little. They MUST be funded fully to care for the ever increasing old and sick veteran population.

This state must have a national cemetery. The sight selection needs to be speeded up. The national cemitary in Portland, Oregon is only excepting cremated remains. Some people and some religions do not believe in cremations.

The federal government should help the state of Washington in building a soldiers home in the eastern part of this state. Twenty, to fifty acres the state could have somewhere? Walla Walla, Hanford, Moses Lake? It is very hard for friends and family to get over the beautiful mountains in the winter, as our only soldiers homes are on the west side of the state.

The Secretary of the Department of Veterans Affairs Edward J. Derwinski's secret little reform committee is beyond words. What little creditability the Department of Veterans Affairs had went out the window when this dirty little sneaky committee was found out. The April issue of "DAV" magazine covers this subject very well.

The homeless veterans are by and large still being over looked. The homeless veterans out reach programs in Thurston County is doing an unbelievable job ,on only fourth thousand dollars a year, in getting veterans off the street and back into society. As we all know about 43% of the homeless are veterans and their average education level is 131/2 years; this is a terrible waste. There are only about twenty of these outreach programs in the nation, there needs to be hundreds. They will pay for themselves in the long run.

The V.A. awards department is so understaffed and over worked that it is now taking a year for a request to go though and up to two years for an appeal to go though each stage. It has taken me twenty two months to push my own chapter 31, service connected, vocational rehabilitation through. If I did not receive social security disability I would have lost every thing I have worked all my life for through bankruptcy.

continued on page 3

This is not right that veterans should have to go through this. The V.A. MUST have an accredited director and the funds to carry out the commitment that has been made to this nations veterans over the past 90 years. This years small increase is only a drop in the bucket of what is needed to rebuild the V.A. after the gutting it has been give over the past ten years.

One of my pet peeves is pensions. To me the V.A. pension system is one of the most sexist and discriminating items I know of. A good 90% of older veterans are men. About 98% of all surviving spouses are women. For a minimum standard of living a veteran (a male) needs $564 per month. A surviving spouse (a woman) needs only $378 per month according to the V.A.. This is not right and if it was not the government doing this, I do believe it would be illegal. How can any one live on three hundred seventy eight dollars a month? These widows need help!

One of the other things I have seen as a post service officer is that grave markers are not getting set. The cost is just to high for allot of widows, two hundred seventy five to six hundred dollars. The cemitary in my home town lets my V.F.W. post set the grave markers ourselves. The cost is three to four volunteer manhours and eight to ten dollars depending if the bags of ready mix cement is on sale. The V.A. should pay for setting grave markers. I would like to know how many thousands of veterans graves are unmarked because nobody paid the very high price of having them set.

The handicap bill of rights before congress could only help handicapped veterans and their families.

The LEVRs and the DEVRs must be funded and left in our local employment centers. These men and women are some of the greatest resources in getting help for our veteran clients that we have in our towns and hamlets. It looks like we are going to have ten to thirty thousand timber workers unemployed here in the northwest very soon. A large percent of these workers will be veterans, so DO NOT cut the veteran employment representatives.

This is about all that I can write on. Please listen to the Men and women that the chartered veterans service organization send to Washington, D.C.. We send them there to keep you the Congress of the United States informed of our needs. Yes they are also to keep us the veteran informed on you as well. How else can we vote intelligently?

Thank you for taking the time to come out here and getting this information.

Roy L. Bondurant
Chairman, T.C.V.C.

STATEMENT OF THE GRUNT HOUSE ASSOCIATION
OF SEATTLE, TACOMA, AND PORTLAND, OREGON

Presented by:

ARTUHR A WRIGHT
Executive Director

Mr. Chairman and members of the House Veterans Affairs Committee, it is a privilege to appear before you today and bring your attention to the needs of African American Veterans and specifically commend your attention to the necessity for legislation to address the needs of minority and special needs populations.

As a background, the Grunt Association is a non-government funded community-based organization designed to meet the needs of African American Vietnam Veterans. We exist to act as a liaison to get vets to their entitled benefits whether that is counseling, medical treatment, compensation or pension or housing. Whatever the needs of our client, we act as a referral and as an advocate.

We have a good working relationship with the VA Regional Office in Seattle's Community Action Program as well as other veteran service providers and non-veteran related service providers.

My staff of 5 volunteers works diligently at creating new avenues of access for our community, one of the most underserved of the veteran population.

The African American Vietnam Veterans of Washington are proud to have served with our non-minority brothers and sisters of this state, but ask this question -- Should we, because of culture or circumstances, be denied access to benefits?

Of course the answer is "No," and always was. But the VA has never developed a process which addressed the specific needs of African American Vietnam Veterans and as such these veterans did not access benefits.

We, a prototype for a national model program, have addressed this need from the grass roots perspective. Seeing that the VA and other service providers were either unwilling or unable to provide the necessary buffers to a system which was insensitive to minority needs and perspective, we established the Grunt Association.

We established this process because the vet centers and contract counselors deal primarily from the dominant (white) societies perspective and as such do not reach the nneds of our African American Vietnam Veterans. We need programs which are sensitive to our culture.

African Americans have served this nation since it was founded in every war and honorably in peacetime. Throughout history, our contributions have been overlooked. If you want to see the effects of programs which do not address our culture, look to the homeless population, to the preponderance of drug and alcohol abuse amoung our veterans, to the domestic violence and abuse of the spouses and children of our veterans. There you will see the effect of non-cultural sensitivity in veteran programs.

Look to the VA study on PTSD and see the terrible statistics of the incidence of PTSD among African American Vietnam Veterans. See there that because of a lack of access these veterans have gone untreated throughout the post-Vietnam period and remain untreated today.

Look to the dislocated workers among our population where no program has been for a decade or more and look too to our cemetaries and find those who could wait no more.

Mr. Chairman, and members of the House Veterans Affairs Committee, it is imperative that we act now to resolve this terrible situation. You must act to provide legislation which will mandate the VA to create a climate of cultural accessability. We at the Grunt Association know that this is possible, and that it works.

STATEMENT OF VIETNAM VETERANS OF AMERICA, INC.

WASHINGTON STATE COUNCIL

Presented by:

JIM BOULEY

Representative

Before the House Veterans Affairs Committee

June 2, 1990

Mr. Chairman and members of the House Veterans Affairs Commitee, the Washington State Council of Vietnam Veterans of America appreciates this opportunity to speak on behalf of Vietnam veterans of this state and to affirm the legislative priorities as outlined by our national representatives.

AGENT ORANGE

While it is true that the VA has recently recognized non-Hodskin's lymphoma as service-connected (with service in Vietnam), there remains a number of other disabilities outside of chloracne which have reasonable association on an "at least as likely as not" basis. These include soft-tissue sarcoma, basis cell carcinoma and melanoma. House Bill H.R. 3004 contains provisions which could resolve this issue in the long term and Washington State VVA supports this legislation.

PSYCHOLOGICAL READJUSTMENT COUNSELING

Fifteen months ago, the long awaited VA study on PTSD was released and demonstrated great need for continued and expanded service for Vietnam veterans. Recently the VA has expanded their services in a number of centers throughout the country and they are to be commended for this action.

However, the need for special needs population programs is apparent and continues to grow. I will address special needs populations later in this presentation but would like to point out that Washington State Council of Vietnam Veterans of America supports any legislation which will increase service in readjustment counseling but especially to minority special needs populations and rural communities.

There are many hundreds, perhaps thousands, of veterans in this state living in rural communities and isolated from VA services that without a special emphasis program and outreach effort will never receive service. Washington is not the only state with the rural disenfranchised and

minority disenfranchised and legislation is very needed to address this tremendous concern.

Washington State Council of VVA, Inc. also endorses the notion of adding greater stature to the VA's Advisory Committee on Readjustment of Vietnam Veterans. We believe this advisory committee, to a large degree, can contribute greatly to monitoring the VA's progress in addressing the Vietnam veterans' needs in psychologicalcounseling for PTSD.

INCARCERATED VETERANS

Washington State Council of VVA, Inc. endorses the need for legislation which will mandate services to incarcerated veterans. We have found, through our own outreach efforts here, that the need is great for counseling, and that prison resources are few and distrusted by vets. Why are prison services distrusted? The veterans tell us that the counseling notes are used to deny veterans parole and as such, counselors cannot be trusted. If PTSD counseling is to be effective, there must be trust. We here in this state also agree that prison is the best place to begin counseling. Why wait until a veteran is again in the community and increase risk of failure and crime when these issues could be addressed in prison.

Additionally, every veteran should be afforded the opportunity of knowing about changes of eligibility while in prison and the availability of apportionment of benefits to the spouse and children.

We feel appropriate outreach mandates by Congress to incarcerated veterans to be to the ultimate advantage of the greater community and must not be overlooked.

HEALTH CARE

Due to the extreme fiscal constraints of the VA, the Washington State Council of VVA supports the national position that because the VA is trying to be "all things to all veterans" the quality of care has suffered. We feel that those veterans who are service-connected for their disabilities deserve the finest care available, in a timely and compassionate manner. We here support any legislation which will address this need and bring sanity back to the health care system.

ECONOMIC ISSUES

As has been addressed in national testimony, veterans represent 22 - 26% of the population of dislocated workers. The VA, as well as the Department of Labor, needs to seek new ways to retrain this vast pool of trainable veterans for tomorrow's job market.

Through dislocated worker programs and targeting in the J.T.P.A. this might be accomplished and veterans be retrained. But we must act now if we are to save this valuable national resource.

HOMELESS VETERANS

In Washington State as well as elsewhere around this nation, it is well known that it takes considerable advocacy on behalf of the homeless to get them off the street.

It takes concerted outreach and all the resources in the community (not just veteran providers but all providers) to get that cycle of homelessness broken. Despite the efforts of the VA, HUD, and all the others in trying to resolve this issue, the population of homeless appears to be growing and this includes the veteran population as well. We are concerned that unless a comprehensive legislative package is developed, that the homeless veteran will remain just that -- homeless.

COMPREHENSIVE PROGRAMS FOR SPECIAL NEEDS POPULATIONS

Washington State Council of Vietnam Veterans of America, Inc. has long recognized minority and special needs populations programs as being both sensible and necessary.

Washington VVA has worked with the American Indian community through the Northwest Indian Veterans Association as well as with the African American Veteran community through the Grunt Association and with homeless and incarcerated veteran populations as well.

VVA has worked well with the Seattle VA Regional Office's Community Action Program, the only comprehensive community relations program in the VA system nationally, and has come to recognize one truth.

And that truth is this, that many issues affect veterans, and that these issued change from time to time, but that at all times the VA needs to be fluid and have a way to respond in a comprehensive manner to new issues. VVA and its relations with the Seattle VA Regional Office and other entities has proven this. The value of having a concerted program aimed at special needs populations has helped hundreds of minority, homeless and rural veterans access the system.

This fact needs to be recognized and mandated by legislation nationally so that all veterans will have equitable access and are not denied benefits due to location, ethnicity or culture or economic circumstances. This is being done here in Washington State in a partnership of VVA and VA and needs to be done at every VA facility so that all veterans have access to benefits.

STATEMENT OF WAYNE ZIMANYI

TO: House Veterans Affairs Subcommittee on Oversight and Investigations

FROM: Wayne Zimanyi, Veterans Advisor, Wa. State Employment Security

PURPOSE: Hearing Investigation, Clark College, Vancouver, Wa., 6/2/90

SUBJECT: Veterans Employment Issues

I would first like to thank the Committee, Representative Lane Evans, and Congresswoman Jolene Unsoeld, for the opportunity to speak here today. Veterans and veterans issues are always a favorite topic for me and it is a pleasure to speak to those that have the authority or influence to directly impact the laws and policies that affect them.

The Veterans Job Training Bill (Act), first enacted in 1983, was a very powerful employment incentive for veterans having problems finding employment. It benefitted both the veteran and the employer through financial incentives. However, it is my opinion that this program was sabotaged from the very start. The first version of this program was a bureaucratic nightmare requiring mounds of paperwork, reports, audits, and extensive record keeping. In most cases the financial incentives of the program was not worth the employers time and trouble. Payment to employers was slow and virtually impossible to track should there be a problem. In addition, if the veteran hired under this bill left the employer they were required to maintain a record of him/her for three years. Employers were required to submit to impromto visits by the Veterans Administration personnel as well as Employment Security representatives to examine records and witness that the stated training plans were being adhered to. As it turned out this version of the Bill was not an incentive once initiated.

Later on the paperwork processes were extensively revised and streamlined to an acceptable level. However, there was now a stigma attached to this program that needed reversal and clearing up amongst the employer community. By this time there was now a problem with funds. The coffers had run dry and employers were required to wait and see if they would be reimbursed while our lawmakers decided if they wanted to extend the Bill or kill it. Now we, (the personnel who promoted this marketing tool), had two stigmas to belay. This Bill was fast developing into something that was a subject to avoid when talking with potential employers.

In 1988 Senate Bill 999 extended the Bill for two years and authorized funds at a level of $60 Million dollars per year. During this period of high unemployment this seemed a Godsend. However, Congress did not see fit to appropriate funding. Even though it is on the books today as a law and supposedly in effect, it is virtually broke. This program has not been condusive for veterans and employers alike and I would like to urge the Committee to reinstate the Veterans Job Training Act or something similar, fund it appropriately, and expedite payment procedures.

(Over)

STATEMENT OF

BRUCE E. THORNTON

Before the

HOUSE VETERANS AFFAIRS SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

JUNE 2, 1990

Mr.Chairman,members of the committee,distinguished guests;It is indeed an honor to be here today,and to present to the committee my concerns that face the Vietnam Era Veteran today.The fact that this committee is willing to "take it to the streets" so to speak,to gather input,and hear from the Veterans themselves,speaks highly of this committee,and it's members.

There are many,many concerns,that cover a wide range of issues that confront Vietnam Era Veterans.Whether it is Homeless Vets,PTSD treatment POW/MIA's,or Agent Orange,each of these are issues of vital importance.

I come before this committee today to speak about the issue that is foremost in my mind,Agent Orange,and the pending legislation that addresses just compensation for Agent Orange related sickness and disease,H.R.3004. It should be noted here,that I am not a doctor,lawyer,or Indian chief.I am not considered to be a self educated expert on Agent Orange.What I can tell you,in basic layman's terms is,that Agent Orange will mess up your whole afternoon,that Agent Orange will make you sick,Agent Orange and it's related effects can be passed on to your children,and,Agent Orange can kill you.

H.R.3004 is the first piece of legislation that truly addresses the needs of Vietnam veterans,in the field of Agent Orange compensation.But, since it's introduction new evidence has come to light that adds to the number of diseases directly related to Agent Orange.This evidence comes in the form of an independent study by The Agent Orange Scientific Task Force,commissioned by The Vietnam Veterans of America,The American Legion, and The National Veterans Legal Services Project.

The Review Of The Scientific Literature conducted by the Task Force, and released in April of 1990,concluded that there are at least eight (8) diseases directly related to Agent Orange,and exposure to Agent Orange. These would be:non-Hodgkins lymphoma,soft tissue sarcoma,skin disorders/ chloracne,subclinical hepatotoxic effects,porphyria cutanea tarda,Hodgkins disease,neurologic effects,and reproductive and developmental effects.

It should be noted here that,this review done by the Task Force was conducted with the same information provided to the Department of Veterans Affairs,and in accordance with and using the standards adopted by the DVA and it's Advisory Committee on Environmental Hazards.

As an aside to the Committee,and the Chairman,I would certainly hope that the results of this review be taken into account,and I would urge that the proper ammendments be made to H.R.3004 to include the additional headings.

The need for passage of H.R.3004 can be clearly understood if one looks back on the history of the Vietnam vet since the end of the War in Vietnam.

Shortly after the close of the war in Vietnam,and possibly even before that,the Veterans Administration,(VA),began to see an increase of benefit claims by Vietnam vets for health care and compensation due to exposure to Agent Orange while on duty in Vietnam.For whatever reason(s),with the exception of chloracne,the VA denied these claims in wholesale lots.

It's usually about here in this story that someone jumps up and yells "cover up".That no one,Air Force,Army,Navy,or Marine Corps,was admitting to having sprayed Agent Orange in Vietnam.And if they weren't admitting it,then the VA wasn't going to pay for it.

But the vets kept coming in with their claims.And someone got a hold of the Air Forces "Ranch Hand" tapes,and the lid was blown off the whole affair.And the VA had to do something.Just exactly what it was they had to do,they weren't sure,but compensate for Agent Orange exposure did not seem to be one of their options to be considered.

It's about here,the late 1970's,that the VA and the Vets entered into, what I call the"Study Wars".Taking a new tack,the VA said it would study Agent Orange and its effects,and then compensate the Vets.We had the VA Study first,but no one except the VA bought off on it.Then we had a whole myriad of assorted studies.Among these were the Naval Health Research Center studies,The Office of Environmental Epidemiology of the Veterans Administration studies,and of course the Center for Disease Control studies,where the only thing the CDC concluded was,they couldn't come to a conclussion.

We went through almost ten years,if not more of studying.We had every one studying everything.And,with each new study,and each with a preponderance of evidence in favor of the Veterans and their claims,the VA continued to disallow the claims.Is it any wonder that the Vietnam Vets were becoming more and more disenchanted,disillusioned,and increasingly untrusting of the VA??

During this same time two events took place that served only to exacerbate these feelings of mistrust.First when Times Beach,Missouri was found to be contamiated by dioxins in their water,the Federal Government went in and "bought out" the whole town,and moved them out.But Vietnam Vets still couldn't get just compensation.

Next,while the VA was embroiled in a lawsuit by the NARS Vets,(National Atomic Radiation Survivors),testamony given on December 4,5,&6 found the VA to be involved in widespread abuses in the VA's adjudication of benefits claims.They were also found to being supressing internal reports exposing these abuses,along with failing to turn over papers required in court,and with the destruction of documents.

Although the NARS case does not specificlly relate to the Vietnam Vet, one can not help but wonder if the practices and procedures used by the VA with reguard to the NARS vets aren't in fact the standard used by them on ALL veterans.

Hopefully,times and the situation have changed in the veterans community. It's been alittle over a year since the VA has been elevated to a Cabinet level post,and is now the Department of Veterans Affairs.Secretary Derwinski has demonstrated his leadership ability in handling the many veterans issues before him.He has been straightforward and honest in his dealings with veterans and veteran organizations.

As a result of a Vietnam Veterans of America lawsuit in May of 1989, the DVA was required to change its rules in handling Agent Orange claims. Instead of appealing the decission of the 9th circut court,Secretary Derwinski announced that the DVA would comply.And,they have.

Just a couple of weeks ago Secretary Derwinski announced that the DVA would begin compensating Agent Orange related claims for non-Hodgkins lymphoma.

While these,and some other decissions made by Secretary Derwinski are a step in the right direction,they do fall short of full compensation for the many other Agent Orange related diseases.And,it should be noted here, that these decissions,while made with much good intention,they still are only policy decissions.And as such could be recinded by the mere stroke of the pen by a future secretary of the DVA.

Vietnam Veterans have suffered many set backs and delays in recieving any kind of Agent Orange compensation.They need the positive action that can be brought about by H.R.3004,to insure that what set down today can't be taken away in a heart beat tomorrow.

Somewhere on an outside wall of the DVA Headquarters in Washington D.C. are inscribed the words,"To care for him who shall have borne the battle, and for his widow and orphan."If these are to be anything other than just so much drivel,and words without meaning,then H.R.3004,and appropriate ammendments must be passed into law.

Thank you for your time and consideration in this matter.

The International
Independent Agent Orange Network
Joe Cole, Founder
6806 36th Avenue, S.E.
Olympia, Washington 98503
(206) 459-7189 - Facsimile (206) 456-5021

Re: Written Testimony of Mr. Joe Cole
ON AGENT ORANGE EXPOSURE

FOR: SUBCOMMITTEE HEARINGS
JUNE 2, 1990, GAISER HALL,
VANCOUVER, WASHINGTON

The House Veterans Affairs Subcommittee
On Oversight and Investigations
The Honorable Lane Evans
Chairman

MR. CHAIRMAN, AND DISTINGUISHED COMMITTEE MEMBERS, THANK YOU FOR THE OPPORTUNITY TO PRESENT MY VIEWS ON THE ISSUES SURROUNDING THE USE AND HEALTH EFFECTS OF THE TOXIC CHEMICAL AGENTS USED IN THE VIETNAM WAR. I WOULD ALSO LIKE TO OFFER A SPECIAL NOTE OF RECOGNITION TO COMMITTEE CHAIRMAN LANE EVANS, FOR HIS TIRELESS DEVOTION TO RESOLVING THE COMPLEX ISSUES OF THE VIETNAM WAR.

Public law's 96-151, 97-72 and 98-542, initiated and mandated certain steps be taken to examine and resolve the veterans health concerns with respect to their exposures to the many toxic chemical agents used for defoliation, crop destruction and pest control in the Republic of South Vietnam. My expertise with the Agent Orange issue, is a result of personal illness dating back to April 1968, while still serving in the I Corps region of Vietnam. Approximately 6 days after a defoliation mission over my area of operation, I became ill and was evacuated to the Hospital Ship U.S.S. Sanctuary, which set sail for Subic Bay, the Philippines. This hospitalization was for a 10 day period and medical diagnosis was "illness of unknown origin." Numerous attempts by me to recover medical records have all met with the same response; "records lost." A response all to familiar to veterans, who are attempting to establish a possible service-connection.

On July 31, 1986, I presented written testimony in Washington, D.C., before the House Veterans Affairs Subcommittee on Hospitals and Health Care. During the course of these hearings, it became quite clear to me, that the Agent Orange issue would never be resolved through the current scientific process. Specifically, in my opinion, the scientific community conducting the research, appears to be spending more time developing their skills of dealing with politicians than conducting valid, <u>"believable"</u> studies, relating to the problems of the Vietnam veteran.

The Federal Centers for Disease Control study of "Vietnam Veterans' Risk of Fathering Babies with Birth Defects" for example, found a significant increase risk existed in three areas: 1. CLEFT LIP, WITH OR WITHOUT CLEFT PALATE. 2.

SPINA BIFIDA. 3. OTHER NEOPLASMS (TUMORS). These findings were dismissed by Vernon N. Houk, M.D., Assistant Surgeon General, in a letter to me dated January 12, 1988:

"ASSESSING VIETNAM VETERANS' RISKS (IN THE CDC VIETNAM VETERANS' BIRTH DEFECT STUDY) ASSOCIATED WITH AGENT ORANGE EXPOSURE WAS DIFFICULT. THE MEASURES AVAILABLE AT THE TIME OF THE STUDY FOR ESTIMATING EXPOSURE WERE, AT BEST, IMPERFECT. THUS, WE DID NOT KNOW WHETHER THE FEW POSITIVE ASSOCIATIONS FOUND IN THIS STUDY REFLECTED TRUE EFFECTS OF EXPOSURE OR MERELY REPRESENTED CHANCE OCCURRENCES. THE FACT THAT VIETNAM VETERANS IN GENERAL DO NOT APPEAR TO HAVE BEEN AT INCREASED RISK SUGGESTS, HOWEVER, THAT IF EFFECTS HAVE BEEN CAUSED BY EXPOSURE, THOSE EFFECTS ARE SMALL, ARE LIMITED TO SELECTED GROUPS OF VETERANS, AND/OR ARE LIMITED TO RARE TYPES OF DEFECTS. IN ADDITION, THE RESULTS FROM THE TCDD VALIDATION STUDY INDICATE THAT THE RECORDS-BASED EXPOSURE ESTIMATES USED IN THE BIRTH DEFECTS STUDY ARE PROBABLY INACCURATE."

Similar findings were discovered in the U.S. Air Force Study of Ranch Hand Personnel, however, Air Force officials withheld the data for more than four years, and then only released it through the insistance of U.S. Senator Thomas Daschle.

Senator Daschle's efforts also presents a challenge to the question of records availability. The following statement of Senator Daschle was published in the 21 November 1989 edition of the Congressional Record:

"The military records experts from the Army Joint Services Environmental Support Group, led by Richard Christian, testified that military records were adequate and that, in his judgement, the Centers for Disease Control could do a valid study if they wanted to. We sent some follow-up questions to Mr. Christian at the time. DOD officials "altered" his follow-up testimony before it was sent to the Hill, deleting his information challenging CDC's claims." Senator Daschle's statement, alleges that Mr. Sam Brick was the person responsible for altering Mr. Christians testimony, deleting all reference to a report by Major General John E. Murray, which verified Mr. Christians assessment of the bizarre methodology employed by the CDC in conducting the Congressionally mandated Agent Orange Health Studies.

With the assistance of Mr. Martin S. Blaustein, Esq., Director, Utah Legal Services, and "B.R.A.V.O." and THE VETERANS OUTLOOK, LEGAL SERVICES ADVISOR, I set out to question the legality of such an action. Martin came through on April 14, 1990: "United States Code, 'Annotated' Title 18, (1361 to 1950)" to wit: 1505. Obstruction of proceedings before departments, agencies, and committees:

"Whoever, with intent to avoid, evade, prevent, or obstruct compliance, in whole or in part, with any civil investigative demand duly and properly made under the Antitrust Civil Process Act, willfully withholds, misrepresents, removes from any place, conceals, covers up, destroys, mutilates, alters, or by other means falsifies any documentary material, answers to written interrogatories, or oral testimony, which is the subject of such demand; or attempts to do so or solicits another to do so; or

Whoever corruptly, or by threats or force, or by any threatening letter or

communication influences, obstructs, or impedes or endeavors to influence, obstruct, or impede the due and proper administration of the law under which any pending proceeding is being had before any department or agency of the United States, or investigation is being had by either House, or any committee of either House or any joint committee of the Congress--

Shall be fined not more than $5,000 or imprisoned not more than five years, or both." HOWEVER, TO DATE, NO ACTION HAS BEEN TAKEN TO CORRECT THIS CLEAR VIOLATION OF LAW.

Additionally, Senator Daschle entered a letter written by former U.S. Air Force scientist, James R. Clary, to wit: "When we (military scientists) initiated the herbicide program in the 1960's, we were aware of the potential for damage due to dioxin contamination in the herbicide. We were even aware that the "military" formulation had a higher dioxin concentration than the "civilian" version, due to the lower cost and speed of manufacture. However, because the material was to be used on the "enemy", none of us were overly concerned."

Dr. Clary continued, "We never considered a scenario in which our personnel would become contaminated with the herbicide. And, if we had, we would have expected our own government to give assistance to the veterans contaminated."

When Dr. Jeanne Stellman and her husband, Steven, completed the American Legion/Colombia University health study of Vietnam veterans, using these same records that Mr. Richard S. Christian had presented to the CDC, and the Stellmans were successful with their Agent Orange study, they were simply written off by the CDC's Vernon Houk as "pretty lousy scientists."

The U.S. House of Representatives Committee on Veterans Affairs hearings on the recent report by the Centers for Disease Control (CDC), on their "Selected Cancers" study, held in Congress, April 4, 1990, and televised by C-Span, was for me, an enlightening display of exactly why after more than 20 years of scientific research on the Agent Orange/Vietnam issue, that no definitive conclusions have been reached.

The CDC findings reported nationally by the media, that Agent Orange was not responsible for the apparent 50% increased risk in persons who served in Vietnam, will develop non-Hodgkin's lymphoma, than a person who did not serve in Vietnam. These congressional hearings, clearly established that the only thing clearly established by the CDC "Selected Cancers" study, was that we know less about Agent Orange and Vietnam now, than we knew before. Considering that any Vietnam veteran who had been clinically diagnosed with cancer prior to December 1984 had been excluded from the study, because they were presumed to have developed that cancer before their Vietnam service (Hellen Gelband, Director, Congressional Office of Technology Assessment, Agent Orange Projects, September 30, 1986) (OTA), or that self reported exposures were to be presumed inaccurate and therefore, considered as zero. I personally found the assumption absurd! Then, the protocol only acknowledged 5 cancers of concern; (soft-tissue sarcoma, malignant lymphoma, nasal and nasopharyngeal cancer and primary liver cancer). In a letter to me, Dr. James O. Mason, former Director of the CDC, acknowledged that the latency period for cancer and/or the type of cancer and/or illness a person develops can be/or will be in direct relationship to the

individuals degree of exposure to the triggering agent.

Now, further confounding the statistical outcome, only those veterans who served in III Corps were considered, despite the evidence provided by the VA Mortality study findings, that Marines who served in I Corps were at 110% increased risk of developing non-Hodgkin's lymphoma and a 58% increased risk of lung cancer. (Note! The Army didn't arrive in I Corps in any great number, until 1968). Additionally, the apparent study "window" was for the study population to have been between the ages of 15 and 39 years of age, by 1968. Very few, if any Vietnam veterans were 15 years old, when they served in Vietnam, neither would they, theoretically, have been exposed to Agent Orange, had they been included based on the assumption that they were included to represent those veterans whose service in Vietnam began in 1971, because, officially the DOD halted Agent Orange spraying in 1970. And while there were individuals who were over the age of 30 to 39 serving in Vietnam, it would be a pretty safe bet, that 90% or more of the Vietnam veterans were under the age of 25.

Now, as a result of a jury trial in Illinois, (Kemner, et al., -v- Monsanto, we find that human health studies, by the Monsanto Company, of workers exposed to 2,3,7,8-TCDD (dioxin), which had been widely reported and relied upon by governments and the scientific community, are probably fraudulent. Studies which, when the data is assembled correctly, according to plaintiffs attorney Rex Carr, reveal <u>that "the overall death rate from cancer was 65% greater in the exposed population than expected, but that the death rate from lung cancer was 143% higher than expected, the death rate from genito-urinary cancer was 108% higher than expected, the bladder cancer death rate was 809% higher and the lymphatic cancer death rate was 92% higher. Death from heart disease was 37% higher than expected." (Pl.Ex.1465).</u>

Furthermore, as a result of this trial, we have also discovered that the United States Air Force Ranch Hand Study may have been influenced by the Monsanto Company: Monsanto scientist, Raymond R. Suskind, testified "The two persons <u>(with the U.S. Air Force)</u> who were involved were persons who were <u>'planning'</u> the so-called "Ranch Hand Study" of Air Force personnel who were involved in spraying Agent Orange from 1965 on, and they <u>were just attempting to develop a protocol for that study</u> at the time, and "<u>they wanted to see how a morbidity study was conducted, so they wanted to participate, and we allowed them to do so.</u>"

Lieutenant Colonel William H. Wolfe, USAF, MC., one of the authors of the 24 February 1984 <u>"BASELINE MORBIDITY STUDY RESULTS."</u> (RANCH HAND PERSONNEL) In May 1988, Senator Tom Daschle, (D. South Dakota) released information <u>which had been withheld from this 1984 Air Force report, evidence of a significant increased risk of Vietnam veterans fathering children with birth defects.</u>

In Australia, Justice Phillip Evatt, author of the Vietnam Veterans of Australia's "Evatt Royal Commission," who determined that Agent Orange was "not guilty," considers it a matter for history. History, is yesterdays obituary column. John Anderson, Olympia, Wa., Vietnam veteran succumbs to cancer, or Mrs. G.J. Williams, Hall, Australia, widow of Lt. Col. Graham E. Williams, petitions Australian Veterans Affairs for survivors benefits, following her husbands death, due to stomach cancer. In a landmark decision in Melbourne last week the

Administrative Appeals Tribunal found there was a "reasonable hypothesis" that the death of a veteran, Adrian Crisp, from a rare cancer was caused by exposure to chemicals in Vietnam and that his widow, Mrs. Maree Smith, was entitled to compensation.

Following the ruling by the Australian Tribunal, that Mr. Crisp's malignant Schwannoma, (a soft-tissue cancer) was as likely caused by chemical exposure in Vietnam, as not, Veterans Affairs Secretary Edward J. Derwinski, announced his decision to recognize soft-tissue sarcomas as service-connected for Vietnam veterans of this country. One day after it had been announced that any decisions on the statement of Admiral Zumwalt and/or the Environmental Hazards committee findings, would be made in June. Coincidence, or growing reality?

For more than 10 years now, Vietnam veterans' have been patiently awaiting answers. Answers which were guaranteed by the Congress. And to date, the answers have created more questions on the scientific and congressional integrity of the methods employed, than valid science.

On November 27, 1989, Vernon N. Houk, M.D., Assistant Surgeon General, Director, Center for Environmental Health and Injury Control, replied to questions raised by Mr. J. Leonard Ledbetter, Commissioner, Georgia Department of Natural Resources, on the matter of dioxin in pulp-mill effluent, to wit: "Thank you for your request of November 14, to review dioxin standards. I have been intimately involved with the dioxin issue for over 10 years and am familiar with the issues. This is a personal response and does not represent the official position of the Centers for Disease Control. The experts for the Paper Companies presented the following points:"

- *Animal data has not shown dioxin as an inducer of cancer.*
- *Animal data has shown dioxin as a promoter of cancer.*
- *The EPA based its Risk Assessment on the results from a single study, a single species and a single sex.*
- *The Kociba study, on which EPA based its 1984 Water Quality Criteria, is unreliable because the highest dose exceeded the maximum tolerated dose for the animals; therefore, the cancers found in those animals were likely the result of toxicity rather than the carcinogenicity of dioxin.*
- *The EPA combined tumors from several sites and included benign lesions of the liver in order to produce the highest possible risk estimate.*
- *The exposed animals in the Kociba study developed no more total tumors than did the control animals, although the distribution of the number of tumors by organ did show a difference.*
- *In the absence of data from the high dose animals, which suffered systemic toxicity (indicated by excessive mortality, excessive lack of weight gain, and severe chronic hepatitis), there would be no evidence of carcinogenicity from the Kociba study.*
- *There is no scientific evidence to support the use of a surface area scaling factor to extrapolate from rat to man.*
- *Because there is no data showing dioxin as mutagenic the proper model to extrapolate from animal to man is the threshold rather than the linear model.*
- *Canada, the United Kingdom, the Netherlands, and Germany all have used the threshold model to develop a reference dose ranging from 1 to 10 pg/kg/day.*

- *Human epidemiological studies have not shown dioxin to cause cancer. The final answer is not yet in but the studies will very likely be negative.*
- *Local fish consumption rates differ from EPA estimates and should be used on a site specific basis.*

"The state of scientific understanding about the chemical causes for cancer has changed since the regulatory agencies in the United States made the decision to use the linear model for extrapolating animal data to man. However, these Federal agencies have not seen fit to incorporate this new understanding to alter their evaluation of chemicals. Thus, the EPA continues to use the linear model for all chemicals even in the face of scientific evidence that this model is inappropriate.

Dioxin is hydrophobic and has a high affinity for surfaces. Because of these chemical characteristics, it is primarily found associated with particulate matter in the water. With regard to the opportunity for exposure through drinking water, public water supplies provide treatment to remove suspended solids. Any properly operating drinking water plant downstream from a paper mill out-fall should routinely remove more than 99 percent of the particulate material in the raw water. Thus, only a very small percentage of the primary source of dioxin in water, the suspended matter, will reach the public water supply consumer," Dr. Houk said.

Assistant Surgeon General, Vernon N. Houk, a former member of the White House Agent Orange Working Group, intimately involved in the "Epidemiological Health Studies of the Health Effects of Vietnam Veterans, the Agent Orange Projects, CDC, quoting the Pulp & Paper Industry, in an apparently successful attempt to raise the "risk assessment levels for dioxin exposure," in the State of Georgia, without respect to federal regulatory agency guidelines. (EPA & FDA).

Dr. Houk, stated in the letter, that this was his personal opinion, however, he wrote the letter on CDC letterhead and signed it, not as Vernon N. Houk, citizen, but as Vernon N. Houk, M.D., Assistant Surgeon General, Director, Center for Environmental Health and Injury Control. And following this, the Georgia State Legislature passed the most liberal dioxin exposure limits in the nation.

Contrary to the statement of Dr. Houk, In United States District Court for the District of Oregon, a ruling on November 4, 1987 that the "the Paper Industry successfully persuaded the United States Environmental Protection Agency Officials to "Suppress, modify or delay studies of dioxin in consumer paper products and the mills that produce them."

Furthermore, Judge Owen M. Panner ruled "A threshold limit below which no toxic effects occur (from dioxin 2,3,7,8-TCDD) has never been demonstrated." (Civil No. 87-6031-PA).

Because dioxin is considered such a toxic substance by scientists of the United States and Europe, they held a conference, "the International Symposium on the Landfill Gerogswerder (June 13-15, 1984 Hamburg) where it was decided there is "NO SAFE LEVEL OF EXPOSURE FOR DIOXIN," however they did set levels for

the environment: "Residential soil: 40 parts per trillion (ppt), Agricultural topsoil: 5 ppt."

In 1979, the same year that the Vietnam Veterans' filed the Agent Orange Product Liability Litigation in New York, the EPA issued an emergency suspension order for most uses of dioxin contaminated 2,4,5-T and silvex, based largely on the epidemiological evidence discovered in the health studies of the Alsea, Oregon area. During the next two-years, the EPA developed extraordinary evidence of the toxicity and persistence of dioxin at nearly infinitesimal levels, as low as 1 ppt.. Samples from water supplies, wildlife, game animals, mothers milk and human tissues from western Oregon residents, discovered many times the 1 ppt. levels. While one team of EPA scientists were developing this extraordinary data in Oregon, another team was discovering the extent of dioxin contamination nationwide, levels thousands of times higher than the 1 ppt at manufacturing sites, dump sites and in the tissue of game fish from the Great Lakes, the Hudson river, Narraganset Bay and Gulf States waterways. Researchers tracing the chemicals origins believe the Dow Chemical manufacturing facility at Midland, Michigan is largely responsible for the dioxin contamination of the Great Lakes.

In my home of Olympia, Washington, several hundred of our Thurston County residents were recently notified that their domestic water wells were contaminated with toxic chemicals. Specifically EDB's. A chemical which has be listed by the EPA and others as being the equivalent in toxicity to that of dioxin.

Researchers in Connecticut have confirmed this and much more. Paraphrasing from an article appearing in the NRDC (National Resources Defense Council) publication, Amicus Journal, written by: Beth Hanson, titled, Spoiled Soil, states; "North of the Mason-Dixon line, cultivation of the tobacco plant is an anomaly. But in the Connecticut River Valley, tobacco has been grown since the 1640s, and for centuries was one of the main exports of the region. Silvery, weathered drying barns are still a common sight in the New England hills, but there as elsewhere, the small farm is conceding to condominiums, malls, and office parks.

In studying topsoil from the Simsbury field, Joe Pignatello and Charles Frink, soil scientists at the Connecticut Agricultural Experiment Station (CAES), concluded that traces of EDB had secreted themselves in minuscule chambers in the soil, called micropores. A fraction of the compound can find its way into these spaces, and once hidden there, it is out of reach of its degraders, soil microbes and water molecules. Overtime, more and more of the EDB residue seeps into pores, binds tightly to the surface of soil particles, and forms what are called "resistant fractions." The EDB that is less tightly bound will interact with water percolating through soil. Eventually the resistant fractions are likely to be degraded, but these interactions are taking place on a much longer time frame than previously believed.

This description of EDB's behavior has added a piece to the complex puzzle of how organic contaminants interact with the environment, and has spurred other environmental scientists to test a range of organic compounds for similar behavior. In the past year, Pignatello has received reports that numerous contaminants besides EDB also can diffuse into soil micropores where they are

able to resist extraction. The tendency is almost universal, and the implications are unsettling. "The soil is acting as a reservoir," Pignatello explains, "not only for EDB, but for herbicides, solvents, and PCB's." The ability of these chemicals to contaminate groundwater, topsoil, and stream sediment is greatly prolonged.

According to Pignatello, researchers at CAES first got on the trail of EDB in 1983, when by chance, groundwater in Georgia was discovered to be tainted with the fugitive substance. Authorities in other states where EDB had been used as a fumigant began to test their own water supplies, because studies of EDB's effects on laboratory animals had shown the compound to be a powerful carcinogen.

Following Georgia's lead, Connecticut tested the groundwater in its tobacco region, and discovered that 400 wells in the north-central part of the state were contaminated with EDB at levels higher than deemed safe by Connecticut. The state had set a safety limit, or action level, at one-tenth of a par per billion (ppb). (California, Florida, South Carolina, Washington, Arizona, and Massachusetts, also have discovered unsafe levels of EDB in their groundwater since testing began in 1984. Typically, findings range between 0.05 and 20 ppb, according to Nate Erwin of the Rachel Carson Council, while state "safe" levels range from 0.02 to 0.1 ppb.)

Citrus, pineapples, soybeans, cotton, tobacco, and more than thirty other fruit, vegetable, and nut crops were fumigated, as were grain stores and milling equipment. Before its suspension in September 1983, almost 20 million pounds of EDB were pumped into the soil every year.

In animal studies, EDB has been shown to be cancer-causing. It is able to mutate genetic material, reduce sperm count and egg fertility in mammals, and is suspected of causing birth defects. Researchers at the National Cancer Institute reported EDB's potential threat to human health in 1977, and a ban was set in motion that year by the U.S. Environmental Protection Agency (EPA). But during Anne Burford's tenure as EPA head, the ban was stalled. Five years later, EDB, still legal, turned up in cake mixes, cereal, and grain, and an outcry in the media against poor regulations ensued. EPA rapidly executed its ban in the face of public anger and fear.

When EDB appeared in Connecticut groundwater around that time, scientists at CAES obtained support to initiate a study of the fate of the compound once it gets into soil and water. According to Pignatello, "One of our big questions at that time was how to predict EDB's lifetime. There was little information on the ability of bacteria to degrade EDB, on how quickly it would degrade in water, and how it moves through the soil and groundwater."

They began by studying the ability of soil microbes to degrade EDB. They compared soil fumigated one, three, thirteen, and nineteen years previously, with soil to which EDB had been newly added. The freshly added compound was rapidly broken down by microbes -- within two days. But the older soil samples taken from the field all held minute quantities of EDB which the microbes were unable to break down, indicating that under natural conditions, the compound's disappearance is not, in fact, complete.

The EDB in the older samples also resisted degradation by water and air, and was much more difficult to extract with accepted laboratory techniques, presenting the researchers with a paradox. Why would EDB persist in soil after three, thirteen, and most surprisingly, nineteen years, when by all accounts it should degrade quickly? And why would it become more difficult to wrest from the soil with the passage of time? Pignatello and Frink extracted what they believe to be all the residues from the field samples, but this required using methods -- pummeling the soil in a ball mill, and passing heated solvents through it. When treated roughly, the residual EDB was released in a detectable burst, as though from a popped bubble, leading the researchers to conceive of the micropore model.

Pignatello and Frink were able to drive more deeply into the mechanism of these interactions because their extraction techniques went beyond previous methods. Standard modes of extracting organic compounds from the soil (treatment with solvents but at lower temperatures (Soxhlet), and sonication, or agitation with sound waves) were weak by comparison. The Connecticut scientists extracted an average 50 percent more using the ball-mill and heated solvents. The purge-and-trap method, advocated by the EPA for extracting contaminants from soils was even less effective. Using the more thorough techniques, Frink and Pignatello extracted about 90 percent more contaminant.

The Connecticut study suggests that residue analysis are not reliable, says David Pimentel, a professor of entomology at Cornell University and an expert in integrated pest management. "These findings raise a flag. Just because you run an analysis, you may not be able to detect a residue. But if it's there, it probably has an impact. There's no question that we've put a lot of pesticides out there, and they all have problems for the environment."

Other scientists who have adopted the ball-mill and heated solvents also are finding much higher concentrations of contaminants in soil than they would have expected with the older techniques. Pignatello has compiled data from other researchers who are finding environmental poisons able to form residues resistant to degradation and extraction. The list includes parathion, 2,4-D, naphthalene, carbon tetrachloride, carbaryl, picloram, and hexachloroethane. "We haven't covered the entire range of contaminants," says Pignatello, "but between our own studies and those being conducted by others, we've learned that this kind of interaction with the soil (binds to the surface, but without forming a chemical bond) in any amount has been found to form these very resistant fractions."

Pignatello and his colleagues are now studying soil samples from a field from Windsor, Connecticut, which contains the widely used weed killer, metolachlor, made by Ciba Geigy. They are finding that this herbicide, too, can bind or absorb tightly to the soil. Extraction experiments show that at 20 to 100 ppb, the soil is rich with the compound. "We pumped water through a sample of contaminated soil for a month, and the metolachlor is still coming out," Pignatello says. Trichlorethylene (TCE) and tetrachlorethylene, frequently found where wastes are dumped, are some of the most common contaminants in the world, he adds. "These substances have many opportunities to come into contact with the soil. And in all the samples we've looked at, they formed slow desorbing (resistant) fractions." While the characteristic seems prevalent, some contaminants are slightly more likely than others to form resistant fractions.

So far, characteristics such as molecular structure are providing no clues to explain why.

Once topsoil becomes laced with contaminants, mechanical cleanup is hardly an option. Current methods for decontaminating soil are either exorbitant or impractical, but usually both. "The only sure way to get organic contaminants out of soil," Pignatello explains, "is to dig up the whole field and put it through an oven at 1,500 degrees fahrenheit, and put what comes out back into the ground." One scoop full of earth, a cubic meter, would cost between $500 and $1,000 to incinerate, he learned at a recent EPA workshop.

Microbiologists are researching the feasibility of decontamination by stimulating the growth of bacteria that preferentially degrade organic compounds, or by creating bacteria that prefer a diet of contaminants and mixing them with soil in the field. "recently, companies have popped up all over whose single purpose is to come up with these specialized micro-organisms, and pilot studies are under way. But a lot of these new companies have already folded, because they can't come up with an effective method at a reasonable price," Pignatello says.

Left to its own devices, EDB that has absorbed to the soil can be expected to degrade very slowly as it is released back into availability. The speed of natural degradation will vary greatly. Factors such as temperature, degree of bacterial activity, the amount of organic versus mineral matter in the soil, the pH of the soil, and the amount of light reaching the substance all influence the rate at which any pesticide breaks down, says Donald Lisk, a professor of toxicology at Cornell University. "You're going to have many different reactions taking place in the soil, a real mixed bag, and studies done in California may not apply to New York." The degradation of EDB in Connecticut's soil will be largely temperature-dependent, Pignatello says. At 20 degrees celsius, the half-life of EDB in water (the time required for half of the original amount to degrade) is four years. At 10 degrees celsius, the average temperature of the soil in Connecticut, EDB's half-life is twenty years. Wells in the region around Simsbury found to contain EDB at one ppb will therefore take around 60 years to reach the state's "safe" level of one-tenth ppb, Pignatello predicts, and restoration of the soil to its original state could take equally long.

Pignatello and Frink also are studying the persistence of contaminants in groundwater. The scientists monitored the aquifer under the Simsbury tobacco field, and found that the water contained levels of EDB over a period of a year and a half. Current theories about water contamination suggest that aquifers contain regions of both "mobile" and "immobile" water. Movement of water and other materials by dispersion occurs only in the mobile regions. Immobile water, regions analogous to micropores in the soil, consists of tiny spaces between particles of water and matter in the aquifer. Contaminants such as EDB can enter these spaces (which are to small for water molecules and micro-organisms to follow) when the concentration of the contaminant in the mobile water will remain constant. The restoration of an aquifer to pristine condition requires measures as dramatic as those necessary to clean up a field. "You'd have to pump all of the water out and detoxify it," explains Lawrie Mott, a scientist at NRDC. "At the same time contaminated water must be pumped back in, so that contaminants from other regions in the aquifer aren't drawn into the emptied spaces."

The price tags on mechanical cleanup of both soil and water are very high. Although the Super-fund list includes both industrial and municipal sites, EPA has declined to invoke Super-fund for areas contaminated by pesticide use. Although it seriously considered allocating Super-fund monies for five sites in Hawaii where the groundwater is contaminated with EDB and DBCP (a closely related compound known to cause cancer, genetic changes, male sterility, and damage to the kidneys, lungs, and liver), the EPA finally rejected the proposal because it would set an unmanageable precedent, Mott believes. "Pesticide contamination is more and more ubiquitous, and the Super-fund resources are not enough to clean up the already designated sites." She predicts that pesticide-contaminated sites will never get Super-fund coverage.

For the most part, EPA's strategy has been to leave monitoring and regulation of pesticides in groundwater up to each state government. Recently, it issued a strategy proposal for addressing the growing pesticide problem, in which the problem is called serious, but the proposal reiterates that states have primary responsibility. "Under this proposal, EPA provides no financial resources, technical advice, or legal action to back the states up," says Mott. While fifty pesticides have been found in drinking water in thirty states, only ten states so far have passed legislation that specifically regulates pesticide use. She expects more states to pass such regulations, providing some states' residents with stronger regulation than could pass at the federal level, while pesticide use in other states will be covered by weaker laws. The result: a regulatory patchwork.

Last year, EPA undertook a survey of the nation's drinking water, for which it expects to publish the findings sometime in 1990. The scope of the study is limited to areas where agricultural use of pesticides is high, or to regions with vulnerable hydro-geology. The survey is looking at existing wells only, ignoring sites as yet untapped but equally susceptible to contamination.

For now, pesticide use continues to escalate. This year, agricultural chemical use in the United States will reach more than 1 billion pounds. As we learn more about pesticides through studies such as Pignatello and Frink's, the balance in the risk-versus-benefit equation seems to tip toward increasing caution.

On May 9, 1990, Keith Fraser, a reporter for the Vancouver Province newspaper, was presented with the following quote from the Monsanto Company's director of Legal and Regulatory Affairs, after allegations were made that domestic weed killers contained some of the same ingredients as Agent Orange. Specifically 2,4-D. Mr. Keith MacMillen, Monsanto Co. replied "The herbicides we use today are completely unrelated in chemistry, environmental impact and health effects."

Recorded spray missions examined by the Ranch Hand Studies and others, were not only limited to the toxins of Agent Orange, White and Blue, but they were reportedly based on claims that the chemical missions were halted in 1971.

However, a study was reported in February - March 1974, CONDUCTED FOR THE UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT BY THE UNIVERSITY OF

CALIFORNIA AT BERKELEY, UNDER CONTRACT NO. AID/csd-3296

PESTICIDES USED AND ON HAND
DURING FISCAL YEARS 1972 AND 1973 (METRIC TONS)

PESTICIDE	FY 1972 6/30/72		FY 1973 6/30/73	
	M/T USED	M/T ON HAND	M/T USED	M/T ON HAND
MANEB	25	13	131	51
ZINEB	41	3	50	23
2,4-D ACID	95	85	152	38
2,4,-D ESTER	50	6	46	0
DALAPON-NA	45	6	4	0
DDT, TECH.	31	4	23	26
DDT, 75% WP	265	53	514	106
ALDRIN	1	3	1	2
DIELDRIN	3	1	0	1
ENDRIN	72	44	86	3
BHC	3	21	64	37
LINDANE, TECH.	5	6	10	0
METHYL PARATHION	69	30	43	14
DIAZINON, TECH.	56	97	235	73
DDVP	137	48	99	22
BIDRIN	13	12	18	0
EPN	3	5	4	0
GARDONA	2	4	1	5
MALATHION	213	116	227	70
AZODRIN-5	10	0	63	24
DIBROM	92	52	57	35
PHOSVEL	2	14	3	0
PHOSPHAMIDON	3	7	6	3
CARBARYL (SEVIN)	4	6	18	5
ZINC PHOSPHIDE	9	17	19	0
FURADAN	-	-	22	25
TOTALS	1,249	653	1,896	538

I believe the message is clear. Either we recognize the evidence currently available, and take steps to correct the failures of our past, or suffer the consequences. Nature, unlike mankind, will eventually heal itself. Nature has the luxury of all the time in the world. Mankind does not!

Vietnam veterans represent one of the most studied groups on earth, in respect to health outcomes and chemical exposure. Fraud, manipulation of data and/or simple denial, simply serves to insure the unpleasant demise of mankind!

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BRAVO New Zealand

SUBMISSION IN RESPECT OF CONGRESSIONAL HEARINGS 2-3 MAY 1990, WITH RESPECT TO "AGENT ORANGE", USE AND CONSEQUENCE POST THE VIETNAM CONFLICT.

Honourable Members of Congress:

I am by way of introduction, Major John A. Moller, Royal New Zealand Infantry Regiment, (retired) of 42 Meadowland Street, Tauranga, New Zealand. I am a Vietnam veteran having served in III Corp circa 1968-69 under the command and control of the First Australian Task Force. During the last ten years I have been engaged in research on the behalf of our respective veteran communities, inquiring into the cause and effect relationship of Agent Orange and other chemicals used in the Vietnam Theatre of War.

I seek the indulgence of the Honourable Members of Congress in allowing my friend and former comrade in arms, being a member of the Free World Forces, Mr. Joe Cole, to submit on our behalf my letter to the Congressional Hearing.

In doing so, I am mindful of our respective nation's long association within military history. My grandfather and my father before me have both served the precepts of democracy and freedom in WWI and WWII. Despite the machinations of our political masters in these modern times, we have not forgotten the sacrifice of so many young American lives during WWII, in places like Okinawa, Tarawa or the Coral Sea. The patriots of your great country certainly saved our island nation from the savagery of the Japanese onslaught at that moment in history.

I am not a politician Honourable Members of Congress. I am but a simple soldier and a survivor of the struggle in Vietnam. I hold to simple truths and the equal dispensation of justice and fair play which must be an inherent part of democracy at work. We small nations of the world look to the United States of America as the prime example of all that is noble and just within the sphere of democratic and just rule of law.

For more than a decade the body politic within our respective lands have turned a deaf ear to the cries of our wounded patriots post the Vietnam War. Our veterans communities have been treated as second class citizens and, in some perverse twist of historical fact, have been given the bitter mantle of responsibility, and indeed conduct, of the entire Vietnam campaign. Dispensation of natural justice has not been given such men and former patriots despite clear evidence of scientific and medical manipulation of the cause and effect relationship of exposure to contaminated defoliants used in theater.

Without adherence, Honourable Members, to those principles of justice, fair play, equality under the rule of law and compassion, then the very idea of democracy to which we all subscribe, is seen as shallow and without substance or morality.

All men have the right to lead quiet and reasonable lives with dignity and honour whilst abiding within the love and succor of their own country's ruled under the precept of democracy.

We do not seek to apportion blame or recrimination toward the body politic. The Vietnam War, after all, is now history, and history alone shall judge us both, individually and corporately. But surely, the Veteran Community should be treated not as second class citizens, but patriots who did their duty for their fellow citizens. They deserve the benefit of the doubt.

Dr. James Clary's recent statement to Congress was both clear and succinct. If the United States Air Force had prior knowledge of the cause and effect relationship of ill health vectors accruing to the use of dirty mode "Agent Orange," then clearly that knowledge must have come in the first instance from the manufacturers of the defoliant. Such a statement on record must signify to the soldiers the factors of both prior knowledge and intent. These truths must, by their very nature, be weighed by the body politic at the highest of levels.

It is my view gentlemen, that the time for recrimination and semantic argument has long passed. The innocent victims of what was a tragic error of judgement should not suffer further whilst vested financial interest and the vagaries of political point scoring mask the immense vector of suffering and early mortality.

The question which is now arising of a mediated genetic effect upon the children and grand-children of our respective veterans is also both ominous and worthy of urgent attention.

I also respectfully bring to the attention of the Honourable Members of Congress certain admissions made under oath in a United States Court by Monsanto Chemical Company scientists and officers. (Mr. Joe Cole can provide the transcript of the proceedings) You may care gentlemen to measure the admissions made during that recent trial with evidence given to the Australian Royal Commission Hearings into the effects of Agent Orange on ANZAC troops being Australians and New Zealanders.

It is acknowledged that the court's findings are under appeal, but never the less, statements of admission were made under oath. On examination, it would appear that fabricated evidence was given to the Australian Royal Commission to the detriment of ANZAC troops being members of the Free World Forces circa Vietnam. It is my submission to the Honourable Members of Congress that a gross miscarriage of justice has accrued in the findings of the Royal Commission given the tainted evidence submitted by the same officers of an United States based chemical company.

We New Zealanders have brought this serious matter to the attention of Her Majesty Queen Elizabeth as the head of the Commonwealth and Convener of the Royal Commission requesting that the hearings be reconvened in order to address the possibility of perjury having been committed.

As a consequence of my outspoken views upon the new evidence which has now emerged, (and I have spoken in terms of an orchestrated litany of lies), I have been threatened by Monsanto, USA. My reply is couched in the terms of a famous American General circa "the Battle of the Bulge." "Nuts!"

I would be failing in my duty as both a patriot and friend of American Vietnam Veterans not to speak out on the behalf of such men and their families. Such men did their duty and often more on the battlefields of Vietnam. It is my belief that loyalty and duty is a two way street. I humbly ask the Honourable Members of Congress to do their duty and unmask the truth on the behalf of our patriots who laid down their lives in the hope that democracy and justice would prevail.

In closing, I salute the Veterans of America for their courage, patience, compassion and great love for their country. Mr. Joe Cole is deserving of the highest accolade which you can give. God Bless America.

Yours Faithfully,
John A. Moller
42 Meadowland Street
Tauranga, NEW ZEALAND

The Washington Times WEDNESDAY, MAY 30, 1990 / PAGE F3

WARREN BROOKES

Dioxin and the trashing of science

On Friday May 18, Veterans' Affairs Secretary Edward Derwinski made a decision that will cost taxpayers billions of dollars. But its cost to scientific integrity is incalculable.

Mr. Derwinski announced the herbicide Agent Orange, specifically dioxin, may have caused a very rare form of cancer known as soft-tissue sarcomas. This was a complete reversal of one-month-earlier findings of a three-year study by the Centers For Disease Control that found no evidence of a link between dioxin exposure and cancer.

Veterans' groups were clearly delighted, and their champion, Sen. Thomas Daschle, South Dakota Democrat, called it a "major victory." But scientists around the country were shocked. James Wyngaarden, associate director for life sciences in the White House Office of Science and Technology Policy, told us: "It's always distressing when you have pretty clear-cut scientific evidence and then policy decisions are made directly counter to that evidence. My understanding is there is no valid association between Agent Orange exposure and cancer. In the first place, the exposure was so very small."

In fact, one of the greatest challenges faced by the CDC was finding even 6,000 Vietnam veterans sufficiently exposed to the herbicide (within two kilometers and seven days of spraying) to generate an adequate epidemiological sample.

Even among that most-exposed group, CDC found that the dioxin levels in the blood fat of the veterans averaged only 5 parts per trillion, well within normal U.S. civilian levels of 2 to 20 parts per trillion, and no different from non-Vietnam veterans.

By contrast, the 1,200 Air Force personnel involved in the actual spraying program known as Operation Ranch Hand showed an average concentration of 38 ppt, seven times that of the ground troops, with many readings as high as 300 ppt. Yet exhaustive peer-reviewed studies of the Ranch Hand veterans have found "no adverse health effects" except the severe but not life-threatening skin rash known as chloracne.

That is consistent with equally lengthy epidemiological studies of eight industrial accidents between 1949 and 1968 in six countries where exposure ranged as high as 27,821 ppt, with average levels thousands of times that of Vietnam ground troops.

In 1987 the International Agency for Research on Cancer and in 1989 the British Environmental Protection Directorate reviewed all of this exposure evidence and concluded there had been "no increased levels of cancer" and no increased birth defects.

In 1988, the Senate Veterans Affairs Committee asked epidemiologist Dr. B. MacMahon and statistician A. Whittemore to look at the same evidence. They reached the same conclusion: "Looking at the industrial experiences overall, there is no evidence of excess occurrence of soft-tissue sarcoma, non-Hodgkins lymphoma or any other cancer."

Dr. Vernon Houk, assistant surgeon general and director of environmental health for the CDC — and head of the CDC Agent Orange Study — told a 1989 San Antonio, Tex., symposium on dioxin: "Over the past eight years, the science base on human exposure to dioxin has expanded substantially ... We know

for certain that dioxin can cause chloracne, but as yet we have found no other adverse health effect that is clearly linked to dioxin exposure."

How could Mr. Derwinski and his Veterans Advisory Committee on Environmental Hazards ignore all this evidence? Not apparently without a lot of heavy lobbying from Mr. Derwinski's chosen adviser, Adm. Elmo Zumwalt, who pushed the committee to focus entirely on some early, discredited studies of Swedish foresters.

As the committee statement concluded, "The work done in Sweden was strongly compelling for an association," but it added in the same breath, "studies done elsewhere showing no association were also very strong," and that "studies involving Vietnam veterans did not find such an association." The committee also admitted that "several members did not believe the evidence (from Sweden) demonstrated a causal connection."

In fact those early anecdotal Swedish studies were completely repudiated by an exhaustive 1986 study of 354,620 Swedish farmers and forestry workers reported in the Journal of the National Cancer Institute. It found that the relative risk for soft-tissue sarcomas among such exposed workers was well below average.

White House scientist Mr. Wyngaarden expressed his frustration: "It's clear that in spite of hundreds of millions spent on trying to ascertain any relationship between Agent Orange and cancer, scientists do not believe such a relationship exists, and we really should go with that, even though we have a normal tendency to want to blame someone for our problems."

How could Mr. Derwinski justify putting Adm. Zumwalt in charge of this process, given his great personal tragedy of having lost his son to cancer and having publicly blamed himself for having ordered the Agent Orange spraying? Mr. Derwinski said: "I've known the admiral for over 20 years. He is a totally distinguished and knowledgeable military official. He has been very active and involved in this issue, and called by Congress to testify on it. I just felt he was a respected authority."

But as a scientist? "He has science training and there are a number of people on that commission with only lay knowledge, as the law required. I asked the admiral to give me a report based on his knowledge and long interest."

Did you clear the decision with the White House? "We sent them advance copies of our statement. No one has called me from the White House to complain."

Obviously the White House was sufficiently pleased by how the decision played with veterans' groups. Mr. Wyngaarden admitted, "This won't be the first time that good science was undermined by politics — and it probably won't be the last." Indeed not.

The man most outraged is Michael Gough, the distinguished microbiologist who now heads the Center for Risk Management at Resources for the Future (RFF). Mr. Gough directed the Agent Orange studies for the congressional Office of Technology Assessment and wrote the seminal 1985 book "Dioxin, Agent Orange."

Mr. Gough said, "There are more important costs than money. If Congress ignores the scientific consensus about dioxin, why shouldn't judges and juries? If that happens, people's confidence in science will be further eroded. Well-qualified scientists with many demands on their time may be reluctant to play a role in the next policy controversy. ... Why should they work hard when they know their knowledge and advice may be ignored?"

The week before, Mr. Gough and his associates at RFF listened to James Mahoney, head of the federal National Acid Precipitation Assessment Project, raise the same issue: Why had both the White House and Capitol Hill totally ignored $500 million worth of research by 700 top scientists who found no basis for the president's $7 billion per year crash program on acid rain? Because ignoring science when it conflicts with politics is now a way of life in Washington.

Warren T. Brookes is a nationally syndicated economics columnist.

3 — THE AUSTRALIAN Thursday May 3 1990 — 3

Cancer traced to Agent Orange

By STUART RINTOUL and wire services

THREE kinds of cancer and five other diseases among United States Vietnam veterans can be traced to exposure to the herbicide Agent Orange, scientists from Harvard and five other US universities say.

In a report released in Washington yesterday, the scientists say there are strong links between herbicide exposure and non-Hodgkin's lymphoma, soft-tissue sarcoma, chloracne and other skin disorders, early liver disease and porphyria cutanea tarda, a metabolic disorder.

"The aggregate interpretation of several sound studies showing a statistically significant association for each of these conditions makes this conclusion inescapable," the seven scientists say.

They also say there is enough evidence to give the benefit of the doubt in awarding compensation to veterans who were exposed and suffer from Hodgkin's disease, neurologic and reproductive problems and developmental problems with their children.

There was limited evidence of an association between exposure and a large number of cancers, as well as immunological abnormalities and psychological problems.

The report is the latest attack on findings — including the finding of the 1985 Evatt royal commission in Australia — that there was no link between a range of chemicals used during the Vietnam War and subsequent health problems, including cancer, among veterans.

It comes as the Department of Veterans Affairs in Canberra is investigating claims that chemical company Monsanto, which led the chemical companies' case at the Evatt commission, produced fraudulant reports for decades about the effects of one of the Agent Orange ingredients — 2,4,5-T — and its dioxin contaminant.

Released on the eve of a congressional hearing on a Bill to pay benefits to Agent Orange victims, the US report produces no new evidence but reviews studies already completed as part of $160 million in research in the US into links between chemicals used in Vietnam and health problems.

In Canberra, a spokesman for the Department of Veterans Affairs said the department was continuing to check on allegations that Monsanto produced fraudulant reports that might have tainted evidence accepted by the Evatt commission.

But the spokesman cautioned that the Evatt commission was based on exhaustive evidence.

Monsanto has denied fraudulant reports were prepared and has appealed against a $16.25 million punitive damages award against the company in the US.

The US Government, while allowing that several categories of disease were caused by war service, has not accepted that diseases were caused by Agent Orange and has paid out for only three of more than 33,000 Agent Orange claims filed by veterans.

About 240,000 veterans in the US believe they may have been exposed to the herbicide and have requested physical examinations.

A total of 12 million gallons of Agent Orange was sprayed during the war to remove Viet Cong ground-cover and crops.

The Sun, Saturday, May 5, 1990—Page 7*

Vietnam vets win landmark cancer case

VIETNAM veterans won a landmark decision yesterday officially linking the death of a former soldier from cancer to Agent Orange and other toxic chemicals.

The breakthrough ended a 13-year-struggle for the soldier's widow to gain a pension.

And it could pave the way for thousands of veterans and their families to press long-rejected claims.

The Administrative Appeals Tribunal ruled there was a "reasonable hypothesis" to link former infantryman Adrian Paul Crisp's death to his Vietnam service.

The tribunal awarded a pension to Mr Crisp's, widow Mrs Maree Smith, overturning earlier rejections of her claims by the Repatriation Commission.

Mr Crisp, a farmer from the Omeo district, died in 1977 from a rare cancer, malignant schwannoma.

He had been exposed to the defoliant Agent Orange and other herbicides, pesticides and medications while serving as an 8th Battalion rifleman between November 1969 and March 1970.

The pesticides DDT and dieldrin, now largely banned, were commonly used, along with organochlorides chlordane and lindane, known to cause cancers in animals.

Vietnam veteran groups say the Repatriation Commission must now accept that Australian soldiers' exposure to toxic chemicals in Vietnam could cause cancer — a link rejected for years.

In 1985, the Evatt Royal Commission found no-one had suffered as a result of exposure to defoliants such as Agent Orange.

But veterans' lawyer Monty Hollow said yesterday more than 100 ex-servicemen had died of cancer since the war ended 15 years ago — and that a third of the 50,000 men who served in Vietnam could be affected.

The suffering of veterans and their families must now end, he urged.

There were clear grounds for the Government to grant pensions to veterans and dependents.

In a 25-page finding, the tribunal found Mr Crisp would have been exposed to Agent Orange in Nui Dat.

The Nui Dat army camp was sprayed regularly with defoliants and other chemicals — including thick fogs of pesticides.

The national president of the Vietnam Veterans Association of Australia, Tim McCombe, said: "We have believed — along with many reputable scientists — that there has existed for some time good evidence to support such a finding."

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1.

Mr Chairman, Ladies and Gentlemen of the Subcommittee on Oversight and Investigations, Committee on Veterans Affairs.

It is with great honor that an Australian Vietnam Veteran be allowed to give evidence and testimony before your Hearings. As you will be aware I was present at your Hearings in Washington D.C. regarding Bill H.R. 3004 with Mr. Joe Cole and also the President of the New Zealand Veterans, Mr. Vic Johnson.

In 1983 a Royal Commission was held in Australia into the Use and Effects of Chemical Agents on Australian Personnel in Vietnam. Australian Veterans were given permission to be represented by the Vietnam Veterans Association of Australia.

Their counterparts, the New Zealand Veterans were however denied that right. Monsanto as well as Dow Chemical were granted leave to appear, however Dow withdrew?

I am the first living Vietnam Veteran to be granted a Totally and Permanently Disabled pension, in part related to Halogens whilst on War Service in Vietnam. Halogens as you are familiar, refer to a pot pourri of Toxic Chemicals, including "Agent Orange". However I was not permitted to give evidence before the Australian Royal Commission, yet Monsanto's prime witness, a forestry worker was. Two months after the conclusion of the Royal Commission he became ill and not only confessed to me, but also our deceased National President, of the VVAA, Mr. Phil Thompson O.A.M. that he had been under instructions from Monsanto's Lawyers to lie! He passed away from massive cancer 2 years later. The Royal Commission in July of 1985 released its Final Report and said "Agent Orange", NOT GUILTY!

The reason for this is totally clear:
Firstly, The Royal Commissioner treated all of Monsantos witnesses with kid gloves and even praised them for their unbiased studies. Secondly, even though there was a representative of the Commission in America during the Monsanto Trail in Missouri it was either disregarded or else not reported! Thirdly, The Commission, even though only given 12 months to report its findings to the Government, not only got it extended 3 times, but also caused the VVAA to run out of Legal Counsel for the last 6 months. They also demanded that the VVAA's Submissions be given to the Commissioner as well and to Monsanto Company, why? Especially when we were not afforded the same courtesy. Fourthly, not only did the Commission plagiarize over 180 pages of the Monsanto final report to the Commissioner, by substituting, "Monsanto says" to "The Royal Commission Says", but also passed dispersions on all witnesses for the Australian Vietnam Veterans. Just one example of this is the treatment of Dr. Ruth Shearer, when the Commissioner called

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her,"Nothing but a Nurse". Fifthly, Alvin S. Young, noted as a Senior Consultant, USAF, there to advize on the Ranch Hand Operation, totally misled the Royal Commission, pertaining to not only the flights, Operations, Special Projects,. magnitude of spraying but also the amounts and types of chemical pesticides as well as defoliants used. He lied or totally misled the Royal Commissioner. But which ever way that you look at it, The Royal Commission has no credence, even though various Governments have been using it as "law".

The Commission however did recognize that the drug Dapsone, used widely throughout the allied and U.S. Troops was a carcinogen as well as a promoter of cancer. 90% of all Australian Troops were given this drug on a continual basis. As well as this Veterans from both the Australian and New Zealand Forces that had already developed malaria whilst on War Service in Malaya and Borneo were given massive doses so that their exposure level would be even higher! That is about the only good thing that came out of over 2 years and thousands of pages of evidence and transcipts.

I fully support Bill H.R. 3004 in its full context. It not only destroys the Royal Commission Report that has caused so much grief to Veterans, their families and children worldwide, but also gives the Veterans from all countries involved in the Vietnam War some hope for the future. As well, it will eliminate all fraudulent studies that have been so far carried out by the CDC, EPA, Ranch Hand, but mostly stop the multi-billion dollar chemical companies from manipulating the honest studies. This Bill will also stop pressure from being applied to scientists and doctors in the Department of Veterans Affairs for continuously having to lie, when the evidence is clear and they don't have to do so!

I have put that paragraph in for the following reason: In refering back to The Australian Royal Commission Report and its conclusions and evidence given before it , it becomes totally clear that right from the start and also throughout that the Commission were going to give Monsanto and their scientists the benifit of the doubt !!! I shall include here just two or three extracts for your benefit;

The first instance would be on the equipment and clothing worn by Australian, and I summise other friendly troops as well. Volumn 1 Pages IV-206 onwards says that Australian troops wore steel helmets, flak jackets and wore shirts with sleeves rolled down all the time! This is a blatant lie by a misinformed Dr. Crosby,B.A. PhD. Consultant to the Commission. Thousands of photos submitted to the Commission by vererans show that they never wore flak jackets, steel helmets, did have sleeves rolled up and wore either "bush Hats", or else "sweat rags", wrapped around their heads, especially troops with blond hair, as in my case! In base camp at Nui Dat they usually just wore boots and shorts with a bush hat!

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The second is on the ground and exposure through food, water and also the clothing. Firstly the fighting troops as well as the ground support personnel were all exposed in various degrees to TCDD (DIOXIN), either through water consumption, use of old 55 Gallon drums of used Herbicides that were converted to shower units, food consumption, going through defoliated areas, wind drift and digging what I believe you call foxholes in contaminated soil. Troops also slept on the ground that had already been sprayed as well as being directly exposed to defoliants and pesticides.

The next example is in Volume 1. Pages IV 216 onwards and deals with the proper use of Pesticides and Herbicides as per Army Instructions. It states in part. A. Protective clothing to be worn during spraying. B. Weed killers not to be used from knap sack spray. C. Immediate discontinuance of work and thorough washing if skin is splashed or otherwise contaminated with weed killer or liquid spray. D. A 5 minute shower for those that have used the spray.
It goes on to say that these Orders were to be reproduced in Standing Orders every 6 months. It also says that "Most chemicals are poisonous in some degree to man. Poisoning may be caused by swallowing or inhaling and in some cases with contact to the skin."

The next example is on the following pages after the last Order. Military Board Instructions Number 9. Issued January 1961. "Pest control materials are to be kept in their labeled containers. Storage to be kept under lock and key. Available only to persons trained in their use. Stored apart from foodstuffs and food containers. Products containing DDT, BHC (Benzene Hexachloride) and Dieldren not to be used near food or utensils. Contaminated food to be destroyed and other rules in relation to the use of respirators, protective clothing and gloves to be worn.

On the 1st Sept. 1962 The Military Board issued a revised document entitled, "Safety Precautions: Chemicals, Insecticides, Weed killers and Poison sprays". This document contained elaborate warnings and instructions as to the use. However the Commission in its infinite wisdom deemed that it was not necessary to set it out. However when Defoliant "21", whatever that was or is? Was to be sprayed by knapsack, a complete contradiction on previous Orders! The Department of Army recieved a telex from the Australian Forces in Vietnam on the 31 Oct 1967 saying that HERBICIDES should be non-toxic when inhaled or ingested in moderate quantaties. Now how in the bloody hell do you judge "MODERATE" ? Also they are saying that Veterans were exposed to "moderate" levels at least!

These are just two of the major factors that just seemed to float over the top of the Royal Commissioners head! It is totally absurd and not only does it go against all safety

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precautions laid down by the Military Board, but also proves the point that is in Volumn 1. Page IV 220 which refers to the side effects, including systemic poisoning, from inhalation, absorption or swallowing. As well, in 1983 The Australian Defence Force issued an instruction saying that there was no absolutely safe level for Herbicides and Pesticides! Also there was no safe Herbicides and Pesticides! "All are capable of causing body damage to body functions if absorbed in sufficient quantities". The Australian Defence Department knew at least at the hierarchy level, that as far back as 1961 the consequences of spraying halogens on their own troops! What really fails me is the fact that the Commission completely ignored all this evidence?

I believe that there are two possible scenarios to this. The first is that the Royal Commission was a contradiction in terms. Therefore it should be declared null and void and also a full scale inquiry be immediately instigated into the reason for the conduct of the Commissioner and his other Counsels Assisting. Also why The Commissioner and his other Counsels Assisting, treated with utter contempt the witnesses that appeared for and on behalf of the VVAA.
The second would be to bring Monsanto, its employees and scientists before a Jury in Australia and America, charging them with scientific fraud, conspiracy to defraud, lying before a Royal Commissioner and virtually throw the book at the Chemical Companies. As well, all major Medical Journals throughout the World be notified that all studies that were printed by Drs. Zack, Gaffey, Suskind, etc are to be withdrawn forthwith and the scientific community be made aware of these frauds, liars, cheats and thieves are going to gaol. In fact I believe that both should be incorporated!

I would therefore request, that you, Mr. Chairman, call in both the Australian, as well as the New Zealand High Commissioners to this country and ask them to convey your displeasure to the Australian Prime Minister, the Right Hon. R.J. Hawke. M.P., that the Royal Commissioner got it all wrong. And a total wrong deserves a total right. That right going to the Veterans that laid their lives on the line during the Vietnam War.

I would also request, that as H.R. 3004 has now dragged on for over two years that the Chairman of the Veterans Affairs Committee, who claims, and I quote " I don't understand as I am just a Layman", and here I refer to G.V. "Sonny" Montgomery, be asked to step aside and someone such as your self be placed in the Chair so that Veterans at last get a fair deal, instead of the bumbs rush that they are getting at the moment!

Not only do Vietnam Veterans, their wives and children need immediate treatment now, but also, they should recieve it now. To put it even more bluntly, no more bull shit studies

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done by the Chemical Companies, just to delay justice to the heroes of Vietnam. As well, I would ask that the so called "specialists" that are currently employed by the Veterans Affairs Department, be told that either they shape up or ship out. Give the Veterans what they are entitled to now, and then later, when each different chemical is identified with a particular disease, sue the living hell out of those mongrels that made it and carried out the so called infallable studies for, and as lackies, of the Chemical Companies concerned!

I remain your obedient servant and Brother in Arms.

Bernard R. Newson
International Independant
Agent Orange Network (Australia)

STATEMENT OF
BARRY L. BELL
MEDICAL CENTER DIRECTOR
VA MEDICAL CENTER, PORTLAND, OREGON
VETERANS HEALTH SERVICES AND RESEARCH ADMINISTRATION
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

JUNE 2, 1990

Mr. Chairman and Members of the Subcommittee:

It is a pleasure to appear before this Subcommittee to discuss how the Veterans Health Services and Research Administration, and particularly the VA Medical Center, Portland, Oregon, is working to meet the needs of Vietnam Era veterans. As with previous groups of veterans who served during time of armed conflict, the Vietnam Era veterans have special needs. They have health care needs similar to other individuals of their age group. They need good medical, surgical and psychiatric care. They need modern, adaptive appliances. Some veterans are concerned that Agent Orange has or will cause a number of various ailments. There are needs for mental health programs directed at the combat veteran who was at an average age of 19 when serving in Vietnam. Twenty years later, Post-Traumatic Stress Disorder continues to haunt many of these individuals. Substance abuse and homelessness are also problems faced by Vietnam Era veterans. A small but significant number of Vietnam Era veterans still do not trust the government that sent them to Vietnam. Their perceptions are that VA is an unsympathetic bureaucracy. It is against this backdrop that the individual Vietnam veteran and the Veterans Health Services and Research Administration interact. For while we may, for statistical and analytical purposes, treat these individuals as a group, they are in fact, individuals who have unique needs. Despite the good intentions of administrators and clinicians, it is only when we are able to meet these needs without unreasonable delay, that the veteran begins to believe that we are dedicated to meeting veterans needs. We can do a lot to focus on problems faced by Vietnam veterans, and we are grateful for the Committee's support in accomplishing this objective.

The Department of Veterans Affairs continues to learn from the Vietnam veterans about their needs. We do listen. Our emphasis on readjustment counseling was in response to the expressed needs of the Vietnam veterans. The establishment of physicians in each of the medical centers knowledgeable about Agent Orange issues and a standard Agent Orange exam for use across the country to collect relevant data, is another example. VA has been a leader in developing new and innovative prosthetic devices to help assist veterans with physical disabilities to adapt to their environment. VA continues to put more and more emphasis on substance abuse, both alcohol and drugs.

A major concern of veterans is the compensation and pension program. While this program is primarily a program of the Veterans Benefits Administration, we at VA Medical Centers play a significant role by having our physicians evaluate the claimant to determine the extent of the physical or mental disability. VA is very concerned that these examinations are done in a timely fashion, so that legitimate claims can be paid rapidly to the person to whom they are due.

The Portland VA Medical Center has one of the fastest, if not the fastest, turnaround times for completion of compensation and pension examinations for a major medical center in the VA system.

VA has 172 VA Medical Centers throughout the country, and 339 outpatient clinics, including community and outreach clinics. This large number of facilities does not, however, allow for convenient access to VA for all veterans. Veterans living geographically distant from population centers that have VA facilities, and who must travel over mountains or vast distances, feel geographically isolated. VA is attempting to deal with this problem by developing mobile clinics to reach out to these veterans.

Primary, Secondary and Tertiary Care: At the VA Medical Center, Portland, Oregon, which serves Southwest Washington and Northwest Oregon, we have a full range of primary, secondary and tertiary medical, surgical and psychiatric activities directed at meeting the needs of all veterans. We have physicians on staff representing 38 different medical, surgical and psychiatric specialties. A partial list of services will give you an idea of the wide

array of services available. They include: two Vet Centers; Mental Hygiene Program; Domiciliary Program; Homeless Veteran Outreach; PTSD groups for Vietnam Era veterans and for their families; Prosthetic and Sensory Aids; Orthopedics; Urology; Cardiac Surgery; Oncology; and a Liver Transplant Program. The medical centers in the Northwest and particularly at the Portland VAMC, are predominately caring for Category A veterans. These individuals are those with established service-connected disabilities; those exposed to Agent Orange, ionizing radiation, or ex-POWs; or others, who are low income, nonservice-connected veterans.

During FY 1989, over 28,000 veterans received outpatient services through the Portland VAMC, of which 27 percent were Vietnam era veterans. Of the nearly 12,000 veterans who were admitted as inpatients, 20 percent were Vietnam era veterans.

VAMC PORTLAND, OREGON
OUTPATIENTS

Service	FY 89 All Vets	Vietnam	%	FY 90 (Oct-May) All Vets	Vietnam	%
Medicine	17416	4430	25%	15167	3802	25%
Neurology	2343	599	26%	2017	518	26%
Psychiatry	3613	1638	45%	2948	1351	46%
Rehab. Med.	1149	342	30%	849	291	34%
Surgery	14607	3372	23%	11332	2675	24%
Other	13093	3337	25%	10185	2563	25%
Total*	52221	13718		42498	11200	
Total Hosp Admits	11974	2341	20%	7080	1421	20%
*Total Veterans	26532	7138	27%	22709	6105	27%

* Is larger than total veterans because veterans may have been followed by more than one specialty.

Readjustment Counseling Centers: A program of interest to Vietnam veterans is the Vietnam Veterans Readjustment Counseling Centers. These Vet Centers are one of the primary ways that VA helps veterans deal with post-traumatic stress disorder. Services at Vet Centers include rap groups, individual counseling, group counseling for veterans and their spouses, and referral to various other providers. The Centers also act as an effective contact point for Vietnam Era veterans to help funnel them into the right program at the VAMCs.

In Washington State there are Vet Centers in Tacoma and Seattle. The Vet Centers associated with the VAMC Portland, Oregon are located in Portland and in Salem. For veterans geographically distant from the Vet Centers,

readjustment counseling services can be provided by VA under contracts with private providers located in their communities. During 1989, the Portland and Salem Vet Centers saw 953 veterans, and this year to date have seen 649 veterans.

Post-Traumatic Stress Disorder: The Portland VA Medical Center has a 50-bed inpatient psychiatry ward. Since 1982, this ward has provided treatment for Vietnam veterans hospitalized for PTSD. Specialized PTSD inpatient care is offered at American Lake, Washington and Palo Alto, California. Portland VA Medical Center recently received funding for a Post-Traumatic Stress Disorder Clinical Team which will focus on the needs of inpatients with PTSD. We have outpatient groups for Vietnam veterans who have completed one of the intensive specialized inpatient PTSD programs at VAMC American Lake, Washington, and VAMC Palo Alto, California. Services and activities specific to war traumatized veterans include: 1) a Vietnam group which offers discussion opportunities in a group therapy format; 2) a group for families of veterans with PTSD, which focuses on education about PTSD and information about available resources; 3) a specific PTSD assessment upon admission for purposes of diagnosis, treatment and discharge planning; 4) individual therapy for veterans with PTSD, (if that approach is indicated); and, 5) referral for PTSD follow-up treatment upon discharge, including referral to the specialized PTSD treatment units at American Lake or Palo Alto.

Chemical Addiction Rehabilitation Section (CARS): A Chemical Addiction and Rehabilitation Section (CARS) is located at our Vancouver Division and provides inpatient and outpatient treatment programs for drug and alcohol abuse. The inpatient component is a 28-day program designed as a "therapeutic community" and the outpatient treatment program is a continuing care component with weekly support groups as the mainstay of treatment. During FY 1989, nearly 800 patients received substance abuse treatment. Of these, 57 percent were Vietnam Era veterans. So far in FY 1990, over 700 patients received care, of which 51 percent are Vietnam Era veterans.

Homeless Domiciliary Program: VA has had a system of domiciliaries throughout the country to provide a stable environment for veterans who require a structured living environment. We have established a Homeless Domiciliary

Program at our Vancouver Division. This program is intended to give homeless veterans an opportunity to learn skills necessary to "get off the street". This program proactively tries to identify these veterans and to encourage their participation in readjustment programs. This program sees 170 veterans each year, of whom 70 percent are Vietnam Era veterans.

Agent Orange Programs: All Vietnam veterans who claim that their illness resulted from exposure to Agent Orange during service in Vietnam, receive whatever care is required. We also conduct the standardized Agent Orange examination. We have a board certified internist, who is assigned to consult with other VA staff relating to the examination and care of veterans exposed to Agent Orange. Using the Agent Orange eligibility criteria, over 3,500 Vietnam veterans have applied for care at this Medical Center. All of these individuals have been examined and registered with VA's National Agent Orange Registry computerized database. During FY 89, nearly 2,500 of these patients continued to receive care through this Medical Center.

Prosthetic & Sensory Aids Program: Another important program for Vietnam Era and other veterans is our Prosthetic and Sensory Aids Program. A number of veterans who saw service in Vietnam have disabilities ranging from foot problems to quadriplegia, to loss of hearing and eyesight. Through the Prosthetic and Sensory Aids Program, VA provides specific appliances and adaptive equipment to help these individuals adapt to their environment. The prosthetics program at this Medical Center serves Vietnam veterans by providing adaptive appliances and equipment for 1,225 of their disabilities. Some of these disabilities include: amputations; blindness; leg and foot injuries; deafness; paraplegia; quadriplegia; and, disabilities requiring adaptive automotive equipment, etc.

Vietnam Veterans as Employees: The Portland VA Medical Center employs nearly 2,600 individuals in either full-time, part-time, or as intermittent employees. There are 443 Vietnam Era veterans employed at this Medical Center. That represents over 17 percent of the total employees of this Medical Center and nearly 70 percent of all veterans employed at this Medical Center.

Mr. Chairman, the Portland VA Medical Center, the Veterans Health Services and Research Administration and the Department of Veterans Affairs in Washington are all committed to providing high quality care to the Vietnam veteran. They are our clients, they are our mission. We make every effort to meet their needs in a responsible manner. The vast majority of Vietnam veterans who interact with this Medical Center find the experience to be positive and agree that we have a value-added attitude. We will continue to work to maintain their confidence in their VA Medical Center.

Mr. Chairman, I'll be pleased to answer any questions you may have.

NEIL GOLDSCHMIDT
GOVERNOR

Department of Veterans' Affairs
OREGON VETERANS' BUILDING, 700 SUMMER STREET NE., SALEM, OREGON 97310-1201

June 12, 1990

Honorable Lane Evans, Chairman
Subcommittee on Oversight and Investigations
U.S. House of Representatives
Committee on Veterans' Affairs
335 Cannon House Office Building
Washington, DC 20515

Dear Congressman Evans:

Thank you for the opportunity to provide written statements for the record on the hearing conducted June 2, 1990, in Vancouver, Washington to examine the concerns of Vietnam era veterans. Our schedule did not allow for personal testimony on that date.

We would like to report that, overall, we consider the United States Department of Veterans Affairs medical facilities, and the Regional Office, in Oregon to be doing a very good job of serving veterans. That is not to suggest, however, that there are not areas of concern, and, not areas where we feel improvement could, and should, be made.

With the purpose of the hearing directed toward Vietnam era veterans, we will identify major shortcomings in medical service to that population. The first, is in treatment for Post-Traumatic Stress Disorder (PTSD). Inpatient care for this condition is basically nonexistent in Oregon. We will not re-emphasize to the committee the statistics related to this disability. 'uffice to say that we have approximately 118,000 Vietnam veterans in Oregon.

Inpatient PTSD treatment for Oregon veterans must be obtained in American Lakes, Washington, or, Palo Alto, California. The backlog causes a waiting period for Oregon veterans of up to one year. Obviously, that is unacceptable. Our counseling staff, and county veterans service officers, often see Vietnam veterans suffering from PTSD at the point when they are in a crisis situation. Inpatient care is necessary in a timely manner. While these patients may be admitted in Portland or Roseburg VAMC's, they are placed with patients suffering other conditions (e.g., alcohol abuse). There is no suitable PTSD specific program treatment.

Additionally, the system lacks sufficient vet center support for PTSD, particularly in coastal and eastern areas of the state. While some availability exists in these areas, it is spotty, and there is not enough contract psychiatric care authorized. More satellite service and staffing in rural areas is required. A van offering counseling service, might be helpful.

The lack of funding on the medical side of USDVA, we are sure you are well aware of. While Oregon medical centers are generally well administered with the resources available, these resources are not funded at sufficient levels. Unopened medical center wings, nursing shortages, and indeterminable waiting in time of medical need and suffering are inexcusable. It is particularly unacceptable in return for service to the Nation.

Homeless veterans, whose lifestyle is not always a result of their own choosing, are an additional concern. More resources will need to be directed toward this situation. Oregon bridges cannot continue to serve as homeless shelters for Vietnam veterans. While state and local governments struggle to resolve the underlying causes, the federal government needs to take a strong leadership role here. To date we have seen only token efforts and resources directed toward the problem.

We do not feel in a position to comment upon another major issue - Agent Orange. We have no medical staff internally upon which to base legitimate comment. Of course, we recognize and acknowledge the scope of the issue and the concerns of Vietnam veterans. Our information and data is based upon our reading, and upon contact with veterans. We maintain a very active communication link so that we may stay informed and advise concerned Vietnam veterans. Our claims activity in this arena is very active.

At the Regional Office level of the VA in Oregon, we see major improvements with the line of communication to veterans. There is more exposure of program entitlements and assistance. At the point of written communication to veterans from the Regional Office, we see a determined effort to make the letters more understandable and less confusing. This is a very important ingredient in service to veterans.

We would like to see more timely processing of claims by the Regional Office. While some recent improvement has been made in certain categories, it still takes too long overall to receive a decision on a submitted claim. That is why we often see huge retroactive checks to veterans. The award is dated back to time of submittal, and the process is extended much too long.

We are pleased to see some attention to women veteran issues and, to Native American veteran issues. These veteran groups have distinctly unique concerns and we encourage continued emphasis towards both.

Once again, thank you for the opportunity to respond to your hearing. We would be pleased to provide additional input at the committee's request.

Sincerely,

Jon A. Mangis
Director

LF:pm
7612.1

OFFICE OF THE GOVERNOR
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BOISE 83720

CECIL D. ANDRUS
GOVERNOR

(208) 334-2100

June 19, 1990

The Honorable Lane Evans, Chairman
Subcommittee on Oversight and Investigations
Committee on Veterans' Affairs
334 Cannon House Office Building
Washington, DC 20515

Dear Congressman Evans:

Thank you so much for the invitation to appear before the Subcommittee on Oversight and Investigation to address the concerns of Vietnam era veterans. Unfortunately, we were unable to attend but do want to take this opportunity to present written testimony for the hearing record.

In the enclosed written testimony we highlight four issues that are considered important to the Vietnam era veterans of Idaho. The issues we have focused upon are:

- Resolution of the Agent Orange issue
- Protection of existing medical benefits
- Continuance of the Outreach Center program
- Expansion of the drug and alcohol treatment programs

Once again, thank you for this opportunity to present our views for inclusion in the hearing record.

With best regards,

Sincerely,

Cecil D. Andrus

Cecil D. Andrus
Governor

CDA:akcb
I0619.01

enclosure

cc: Department of Health and Welfare

SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION

CONCERNS OF IDAHO VIETNAM VETERANS

1. Resolution of the Agent Orange Issue

Perhaps the most frustrating issue confronting the Idaho Vietnam veteran is that known as Agent Orange. Currently, two disorders may be service-connected due to Agent Orange exposure - chloracne and non-Hodgkin's lymphoma. The inclusion of the lymphomas as a service-connected disorder was applauded by the veterans but they still feel they are being left out in the cold. They continually hear and read in the media, stories relating to the toxic effects and health problems associated with exposure to dioxins. Yet, the Vietnam veteran sees little progress in the resolution of this still open issue. The apparent open dichotomy that exists between the Centers for Disease Control and such luminaries as retired Admiral Elmo Zumwalt, and the American Legion Study on Agent Orange only exacerbates the veteran's feelings of frustration.

2. Protection of Existing VA Medical Benefits

Department of Veterans Affairs medical care is perhaps the one benefit area that Vietnam veterans as well as other veteran groups consider inviolate. Yet over the past few years they have perceived a diminution of those benefits. Specifically, the establishment of economic categories A, B, and C for priority of medical care and the subsequent denial of care to veterans in category B and C have created considerable mistrust in the system.

Another factor that concerns the veterans is the third party payment program for VA medical care. While the third party

medical payments do not directly effect the veteran, the fact that the payments go directly to the Treasury and not to directly support the VA medical programs only fuels the perceptions of benefit erosion. Additionally, the benefit reform study initiated by Secretary Derwinski is viewed by the veteran with a high degree of skepticism. As well based as the program may be, the veterans view manipulation of the existing VA medical program as further attempts to curtail promised benefits.

3. Continuation of Vietnam Veteran Outreach Center Programs

A significant number of Idaho Vietnam veterans continue to avail themselves of the service offered by the Vietnam Veteran Outreach Centers. They consider these centers a necessary requirement for the long term rehabilitation of Vietnam veteran. Continued funding support for the Outreach Centers is paramount in the eyes of the Vietnam veteran.

4. Expansion of the Drug and Alcohol Treatment Programs

Adjunct to the Outreach Centers is the Veterans Affairs Medical Center's drug and alcohol treatment programs. This is particularly important to the Vietnam era veteran due to the fact that a significant number of veterans diagnosed as suffering from post traumatic stress disorder also have a substance abuse problem. The veterans view the substance abuse treatment programs as a required part of their overall rehabilitation process. Continued strong funding support from VA and Congress for these programs is high on the Vietnam veteran's priority list.

Northwest Indian Veterans Association

July 30, 1990

President
JoeJay Pinkham/Yakima

Fiduciary SubChief
Mac Oreiro/Samish & Lummi

Whipman
Enos Herkshan/Modoc

Sub-Chiefs

Larry Edmo/Sho-Ban

Cleora Jackson/Sho-Ban

Jack Quincy/Chippewa

Jim Smith/Colville

Written Testimony to The Home Veterans
Affairs Subcommittee On
Oversight & Investigations

by Mac C. Oreiro, Jr. (Fidicary)
Of Northest Indian Veterans Associations

Mr. Chairman and Members of the Subcommittee:

On behalf of the American Indian Warriors we thank you for your time and energy in reviewing our situation.

I urge that this committee to monitor the U. S. Bureau of Census. In particular, the line item titled "Product Division." This is where American Indian data comes from. We want to be counted. Product Division can or must not receive budget cuts by Congress.

The Northwest Indian Veterans Assocation (NIVA) has had the opportunity to study to recent reports: A) Indian Veterans Affairs Oversight Hearings on Indian Veterans, November 14, 1989, and B) Department of Veterans Affairs Study Committee on Native American Veterans, Book 1 and 2.

The consensus vote was taken at our Clackamus Conference. We, the members of NIVA, concur with all the recommendations of the Study Committee.

We, as an association, have conducted informational meetings with state and federal agencies, such as the regional Department of Labor, Northwest Area Indian Health Services, Washington State Department of Social and Health Services, Washington State Department of Employment Security, and all of our federal and state veterans' regional offices and medical centers.

We've taken great care to offer our help in educating to what our needs are in the rural areas. Many of our reservations are geographically very remote, the average distances being 100-130 miles from regional veterans' offices. Many of you are well aware that unemployment can be as high as 80% on reservations. Let me share with you that the relocated urban Indians unemployment rate can be high also.

We are concerned that state and federal agencies have very poor track records for their outreach efforts to rural Indian reservations.

As an assocation, we are advising our tribal governments to appoint a council sanctioned position titled "Tribal Veterans Representative." The position is to be a central point of contact for a two-way flow of veterans issues. If and when there is new information, we could in theory send it to tribal veterans representatives and they would have responsibility to disseminate the information to his or her tribal veterans. If inquiries for accessing medical information or entitlements come up from individual tribal veterans, they would work with the tribal veterans representative who, in turn, will become a referral agent to appropriate organizations. It may be a local veteran service provider, or a state or federal veterans entitlement or medical service office.

What needs to happen is cross cultural in-servicing of service providers.

All we want is a square deal. We also want non-Indian service providers to be more sensitive to Indian issues and culture. We don't want our veterans to turn their backs on programs just because someone doesn't understand them.

The other area of concern is Indian Health Services and Veterans Affairs Medical Center. They need to have working agreements to better assist our veterans.

Indian Health Services has not saved the health records of Indian veterans. They have received health care for several decades. It may have been military connected. The records are destroyed on an annual basis. The Indian veteran has lost all chance of filing for a military connected claim. Our Indian veteran health files must be flagged and dual diagnosis should be practiced between the two services, IHS and VAMC. In some cases, IHS doesn't have the means to meet the health needs of an Indian veteran, but VAMC can help. They just aren't interacting with one another.

IHS should open or share facilities so VAMC staff can go into a rural setting on a monthly basis and provide evaluation to more Indian veterans.

The agency should have visible Indian people on staff. It is comforting to know that there is a friendly face in the VAMC facility, as well as the fact that someone may understand and can become an advocate for the Indian veteran.

We encourage agencies to hire our young people for summer employment, take in collegiate interns, and sponsor apprenticeship programs. What we want are pro-active agencies that encourage qualified Indian people to come into Veterans Affairs with the idea of it being a lifelong career opportunity.

We encourage holistic healing to take place at VAMC also. We have identified American Indian healers that are ready to in-service non-Indian physicians and clinicians on our cultural healing ways.

There are many situations in which Indian veterans aren't accessing entitlement programs, such as home loans, small business development, and revision on policy of trust land issues. The Bureau of Indian Affairs must start taking a pro-active role to help Indian Veterans secure adequate housing, and training for upward mobility.

Let it be known that the NIVA is committed to engaging in meaningful dialogue with any federal agency that can be of assistance to the American Indian warriors and their families.

There is also concern that programs say that they have Indian staff in their agencies. What we are finding is a gross misrepresentation or misunderstanding of our needs. They are called WANT-A-BE'S. They are doing the real Indians a disservice. They are not in social and cultural contact with real Indian people. They don't know our unique needs, for they don't even live or visit Indian reservations in their service area. If they are to be qualified Indians, they should be enrolled Indians.

The Northwest Indian Veterans Association would like to institute inter-agency alcohol and drug programs. Follow-through would be PTSD treatment. We would like it to be conducted in the Northwest and staffed by qualified American Indian clinicians. We have identified four reservation sites that are adequate. We are ready to be a demonstration

model. Our native healers and spiritual leaders are ready to step in and do what needs to be done for their warriors.

In conclusion, we've been studied to death. It's time to do and not talk. It is essential that real American Indians are hired by federal agencies to work with Indian people. The future of VA advisory boards must reflect rural reservation as well as urban Indians.

If NIVA can be of any assistance on veteran issues, please don't hesitate contacting us.

Respectfully,

Mac C. Oreiro

Quol-sel-Ium

Mac C. Oreiro, Jr.
U. S. Army-RA 63-66
Thailand, Germany, Vietnam
Fidicary & Subchief for NIVA

MO:sle

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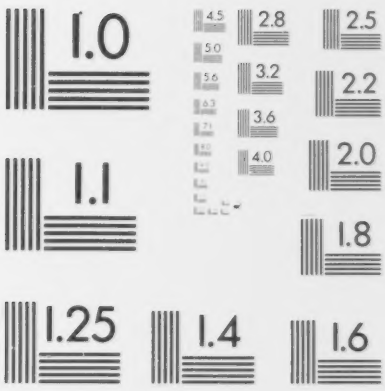
MICROCOPY RESOLUTION TEST CHART

(ANSI and ISO TEST CHART No. 2)



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